Delivery and Performance Committee

Thu 31 August 2023, 13:30 - 16:30

Agenda

13:30 - 13:30
0 min

1. PRELIMINARY MATTERS

D&P_Agenda_31Aug2023 Final.pdf (3 pages)

1.1. Welcome and Apologies

Oral *Chair*

1.2. Declarations of Interest

Oral *All*

1.3. Minutes from the previous meeting held on 27 June 2023, for approval

Attached *Chair*

D&P_1.3_Unconfirmed Minutes DP_27June23.pdf (11 pages)

1.4. Delivery and Performance Committee Action Log

Attached *Chair*

D&P_1.4_D&P_Action Log 2023-24.pdf (1 pages)

13:30 - 13:30
0 min

2. ITEMS FOR APPROVAL / RATIFICATION / DECISON

2.1. Q1 Annual Delivery Plan Report

Attached *Director of Planning, Performance and Commissioning*

D&P_2.1_Q1 Delivery Plan_Cover Paper_D&PCommittee_FINAL.pdf (4 pages)
D&P_2.1a_Final Version - Integrated Plan Q1 Progress Report 23_24.pdf (62 pages)

2.2. Integrated Performance Report(Month 03)

Attached *Director of Planning, Performance and Commissioning*

D&P_2.2_IPR Cover Sheet_PTHB.pdf (5 pages)
D&P_2.2a_Appendix 1.pdf (3 pages)
D&P_2.2b_IPR_23-24_Month 3_Final.pdf (74 pages)

2.3. Finance Performance Report Month 04

Attached *Deputy Chief Executive / Director of Finance, Information and IT*

D&P_2.3_Financial Performance Report Mth 04.pdf (15 pages)

2.4. Six-Month Report on Continuing Health Care

Attached *Director of Operations and Mental Health /Director of Finance & Information Technology (IT)*

D&P_Item_2.4_Complex care paper.pdf (16 pages)

2.5. Agency Pay Deep Dive

Attached *Director of Operations and Mental Health /Director of Finance & Information Technology (IT)*

D&P_Item_2.5_Variable pay report DP final 25.08.23 (003).pdf (13 pages)

2.6. Health and Safety Assurance Update

Attached *Director of Therapies and Health Science*

D&P_2.6_Health and Safety Six Month Assurance Paper.pdf (11 pages)

2.7. ISO14001 Report

Attached *Associate Director of Estates,Capital and Property*

D&P_2.7_ ISO 14001 audit update.pdf (6 pages)

2.8. Information Governance Monitoring Report

Attached *Deputy Director of Finance*

D&P_2.8_Information Governance Report.pdf (16 pages)

13:30 - 13:30
0 min

3. ITEMS FOR DISCUSSION

13:30 - 13:30
0 min

4. ESCALATED ITEMS

13:30 - 13:30
0 min

5. ITEMS FOR INFORMATION

5.1. Reinforced Autoclaved Aerated Concrete Planks Report

Presentation *Associate Director of Estates,Capital and Property*

D&P_5.1_RAAC Final Report PTHB May 2023.pdf (5 pages)

13:30 - 13:30
0 min

6. OTHER MATTERS

6.1. Committee Work Programme

Attached *Director of Corporate Governance*

D&P_6.1_D&P Work Programme.pdf (1 pages)

6.2. Items to be brought to the attention of the Board

Oral *Chair*

6.3. Any Other Urgent Business

Oral *Chair*

6.4. Date of the Next Meeting:Tuesday 17 October 2023 at 10:00 via Microsoft Teams

6.5. Confidential Matters

Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interes

6.6. Minutes of the Previous In-Committee meeting held on 27 June 2023

6.7. Financial Sustainability

POWYS TEACHING HEALTH BOARD
DELIVERY AND PERFORMANCE COMMITTEE
THURSDAY 31 AUGUST 2023,
13:30 – 16:30
VIA MICROSOFT TEAMS

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA				
Time	**Item**	**Title**	**Attached/Oral**	**Presenter**
	1	**PRELIMINARY MATTERS**		
13:30	1.1	Welcome and Apologies	Oral	Chair
5 mins	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting 27 June 2023	Attached	Chair
	1.4	Delivery and Performance Committee Action Log	Attached	Chair
	2	**ITEMS FOR ASSURANCE**		
13:35 20 mins	2.1	Q1 Annual Delivery Plan Report	Attached	Director of Planning, Performance and Commissioning
13.55 20 mins	2.2	Integrated Performance Report (month 03)	Attached	Director of Planning, Performance and Commissioning
14:15 10 mins	2.3	Finance Performance Report Month 04	Attached	Deputy Chief Executive / Director of Finance, Information and IT
14:25 10 mins	2.4	Six-month report on Continuing Health Care Costs	Attached	Director of Operations
14:35 15 mins	2.5	Agency Pay Deep Dive	Attached	Director of Operations
14:50 15 mins	2.6	Health and Safety Assurance Update	Attached	Director of Therapies and Health Science
15.05 10 mins	2.7	ISO14001 Report		Associate Director of Estates, Capital, and Property
15.15 15 mins		**COMFORT BREAK**		
15.30 15 mins	2.8	Information Governance Monitoring Report	Attached	Deputy Chief Executive/Director of Finance and IT
	3	**ITEMS FOR DISCUSSION**		
There are no items for inclusion within this section				

	4	**ESCALATED ITEMS**		
There are no items for inclusion within this section				
	5	**ITEMS FOR INFORMATION**		
15.45 5 mins	5.1	Reinforced Autoclaved Aerated Concrete Planks Report	Presentation	Associate Director of Estates, Capital, and Property
	6	**OTHER MATTERS**		
15.50 5 mins	6.1	Committee Work Programme	Attached	Director of Corporate Governance
15.55	6.2	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.3	Any Other Urgent Business	Oral	Chair
	6.4	Date of the Next Meeting: Tuesday 17 October 2023 at 10:00 via Microsoft Teams		
6.5 The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 ***"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"***				
16.00	6.6	Minutes of the previous In-Committee meeting held on 27 June 2023	Attached	Chair
16.05 25 mins	6.7	Financial Sustainability	Oral	Deputy Chief Executive / Director of Finance, Information and IT

Powys Teaching Health Board is committed to openness and transparency and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at PowysDirectorate.CorporateGovernance@wales.nhs.uk at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.

Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.

POWYS TEACHING HEALTH BOARD
DELIVERY & PERFORMANCE COMMITTEE

UNCONFIRMED

MINUTES OF THE MEETING HELD ON TUESDAY 27 JUNE 2023 VIA MICROSOFT TEAMS

Present:

Mark Taylor	Independent Member *(Chair)*
Kirsty Williams	Independent member
Cathie Poynton	Independent Member
Rhobert Lewis	Independent Member

In Attendance:

Pete Hopgood	Director of Finance & Information Technology (IT)
Debra Wood-Lawson	Director of Workforce and Organisational Development
Helen Bushell	Director of Corporate Governance
Claire Madsen	Director of Therapies and Health Sciences
Stephen Powell	Director of Performance and Commissioning
Clare Lines	Assistant Director of Commissioning and Development *(joined for part of the meeting)*

Observers:

Carl Cooper	Powys Teaching Health Board Chair

Apologies for Absence:

Hayley Thomas	Interim Chief Executive
Joy Garfitt	Director of Operations and Mental Health
Ronnie Alexander	Independent Member
Daisy Dee	Health Care Inspectorate Wales

Committee Support:

Beth Powell	Interim Corporate Governance Business Officer

D&P/23/16	**WELCOME AND APOLOGIES FOR ABSENCE** The Committee Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above.
D&P/23/17	**DECLARATIONS OF INTERESTS** No interests were declared in addition to those already declared within the published register.
D&P/23/18	**MINUTES OF THE DELIVERY & PERFORMANCE COMMITTEE ON 02 MAY 2023** The minutes of the previous meeting held on 02 May 2023 were AGREED as a true and accurate record. The following matters were raised: D&P/23/07 *Is further work planned to support the development to extend the scope of Minor Injury Units (MIUs)?* The Director of Performance and Commissioning confirmed that work is ongoing as part of the Accelerated Sustainable Model. It was agreed that an update would be provided to Committee members to include an indication of trend analysis and direction of the development and comparators of good practice against other Health Boards would be reviewed. **Action: Director of Performance and Commissioning**
D&P/23/19	**COMMITTEE ACTION LOG** The Action Log recorded updates with the following additions provided during the meeting: **D&P/22/56a** – A review of the Whole System approach to diabetic care to include an analysis of excess death rates. Timescales are required from the Director of Public Health and a briefing would be circulated to committee members for information. **D&P/22/73** - *How and where would progress be reported in terms of the concerns raised with Digital*

	Health Care Wales (DHCW) on the lack of flow within secondary care across England, given a formal letter has not been submitted? The Director of Finance, Information and IT highlighted that a formal letter is not required given that concerns have been raised at the Joint Executive Team (JET) and DHCW which focuses on the NHS App link in England and Wales. Performance measures are being reported through the DHCW programme which forms part of the Digital First Programme locally, reporting regularly to the Delivery and Performance Committee. Committee Members agreed that a further update would be provided to Committee for assurance. This would be inclusive within the next report of the Digital First Update. **Action: Director of Finance, Information and IT** The Committee received and approved the relevant updates on the action log.
	ITEMS FOR ASSURANCE
D&P/23/20	**INTEGRATED PERFORMANCE REPORT (MONTH 01)** The Director of Performance and Commissioning presented the report which provided the committee with the latest available performance against the NHS Wales Performance Framework. NHS Wales are awaiting the confirmation and approval by Welsh Government for the new 2023/2024 NHS Performance Framework measure release, this is due before the end of June 2023 and will be inclusive within the next iteration of reporting to Committee. It was noted that a significant change within the layout of reporting has been developed in line with the rollout of the Improving Performance Framework (IPR). Following feedback from key stakeholders, the IPR has been adapted to reflect focus on compliance, challenge, and escalation, only metrics that are timely and convey challenges are included, with a full update of all metrics occurring bi-annually. It was noted that estimated recovery times are being worked through and performance data would be made available in the next Report.

	The Director of Therapies and Health Science highlighted that staff sickness and recruitment challenges remain across the Therapies Service, in particularly Physiotherapy. It was noted that despite the challenges, demand and capacity plans are in development and remain a priority to recruit to the service. *Has the downgrade of Nevill Hall Hospital impacted on emergency access to patients across South Powys?* The Director of Performance and Commissioning confirmed that the larger District General Hospitals (DGH) enable patients to access a wider range of services such as MIUs. The challenge that DGH's are now faced with are more intermediate and minor conditions which would have been accessible within Nevill Hall much quicker. Weekly monitoring of data has been established, however monitoring increased demand within A&E has proven to be a challenge. *How can the Health Board measure compliance with decarbonisation targets if figures are not utilised?* The Director of Performance and Commissioning advised that a review would be undertaken of the accuracy of data and would update the Committee accordingly. **Action: Director of Performance and Commissioning** *What are the consequences of the Therapy breaches?* The Director of Therapies and Health Sciences advised that the service is seeking locum support in addition to current management assistance across all clinical areas. A review is also underway in terms of the demand and capacity across the Physiotherapy and Podiatry services and plans are in development to seek additional recruitment across the Therapy service. *What does the data tell us regarding the failure targets against commissioned Cancer performance?* The Director of Performance and Commissioning advised that indicators are being measured through a 62-day access rate with increased referral demand. As part of the Ministerial priorities, improvement proposals have been formally

	submitted to Welsh Government, however, financial funding is yet unknown. It was highlighted that Cancer pathway performance remains a challenge across England and Wales. The Committee DISCUSSED the report and took ASSURANCE that appropriate systems are in place to report performance. Committee Members welcomed the revised format of the report ahead of its first report to the Board in July 2023.
D&P/23/21	**RENEWAL PORTFOLIO TRANSITIONS REPORT** The Director of Therapies and Health Sciences introduced the report and highlighted that many of the Renewal Portfolio Programmes have now closed, and a transition of work will now form part of the Accelerated Sustainable Model. The Assistant Director of Transformation and Value highlighted the following: • Closure meeting for the Breathe Well Programme took place on the 15 May 2023; • the Children and Young People's Renewal Programme closed at the end of the last financial year 2022/23; • reset meetings have been taking place for the programmes taking forward work on the Accelerated Sustainable Model; and • the Cancer, Circulatory and Value Programme Board meetings have also taken place. It was noted that significant work has been undertaken through the Renewal Programmes with new services and approaches developed. Recruitment remains a challenge, particularly in establishing new services using non recurrent funding within tight timescales, this however remains a priority for the service moving forwards. *When can Committee members expect to see the output of the discovery report?* The Director of Corporate Governance confirmed that the Discovery report is scheduled to be shared at the Planning, Partnerships and Population Health Committee on 24 August 2023.

	What has been learned regarding the Health Board's approach to completing the Renewal Portfolio Programme and what are the advantages of closing down pathways? The Assistant Director of Transformation and Value highlighted that non recurrent finances remain a significant challenge given staff recruitment difficulties. Opportunities of lessons learned to ensure adequate time and capacity allow for long term delivery are essential for the immediate needs of the service. However, it has been recognised that given the challenges, Powys has posed to be creative with various models and provided opportunities of reflection. The Committee RECEIVED the Renewal Portfolio Transition update and were assured that the Renewal Programme Portfolios have been appropriately closed or transitioned into business-as-usual activities. *The Assistant Director of Transformation and Value left the meeting.*
D&P/23/22	**FINANCE PERFORMANCE REPORT MONTH 02** The Director of Finance and IT presented the item which provided an update on the May 2023 (Month 02) Financial Position, including Financial Recovery Plan (FRP) delivery. At month 02, there is a £5.535m over-spend which comprises the planned deficit of £5.579m. The Health Board's agency spend remains at a higher rate and this is an area of escalation and priority. The Health Board continues to focus on delivering savings which is key to successfully mitigating financial risk and achieving the financial plan. It was highlighted that maximising recurrent savings is key to the Health Boards financial sustainability. £2.2m green schemes and £4.7m amber schemes have been identified to date, with a further £1.9m Red pipeline schemes. Powys aims to develop increased certainty on amber schemes so that they turn green and red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

	Should Variable Pay (Agency Pay) be an item escalated to The Board? The Director of Finance and IT advised that due to the ongoing programme of work to improve the quality of services this would be inclusive within the Chair's report to the Board with detail noted within the Finance Performance Report. It was agreed that an Agency Pay deep dive would be undertaken and an update be brought back to the Committee in August 2023. The Director of Workforce and OD highlighted that the workforce issues would also be escalated to Executive Committee tomorrow. **Action: Director of Finance, Information and IT /Director of Workforce and OD** *What is the short fall progress of savings targets?* It was confirmed that all budget holders have a responsibility in addition to the Board to monitor progress of savings targets. Positive progress has been made to date with ongoing work in development. Updates would be brought back to committee on a regular basis inclusive within the Finance reporting schedule. Delayed Transfer of care data would also be added to the financial reporting from Month 03 going forwards. **Action: Director of Finance, Information and IT** *Is there an indication of when a deep dive of agency pay and drivers will take place?* The Director of Workforce and OD advised that at present, Registered Nurses are covering many vacancies such as support workers roles, with a skill mix across wards. Powys has successfully secured funding for £2m for HEIW to sponsor Registered Nurse training across Powys to support the recruitment vacancies. A deep dive is due to be undertaken as part of the Accelerated Sustainable Model (ASM) priorities which focuses on Community Wards across the organisation. It was noted that effective working relationships with Adult Social Care is key to support the successful delivery of this work. It was agreed that an update in terms of the Deep Dive would be provided to Committee members at a future meeting. **Action: Director of Workforce and OD** The Committee NOTED the Health Boards Month 02 2023/2024 Financial position and the financial forecast deficit position.

D&P/23/23	**COMMITTEE RISK REGISTER** The Director of Corporate Governance presented the Risk Register of risks relevant to the Committee and highlighted that the financial risks have now been separated due to previous collation of the in-year and future year risk profiles for ease of reporting. It was noted that the Corporate Risks are under review and are due to be discussed at a Board Development session on Thursday. In line with the Integrated Medium-Term Plan (IMTP) and Annual Plan, Executive Directors continue to review and reflect upon corporate risks on a regular basis. The Committee RECEIVED the Risk Register and took ASSURANCE that the risks were being managed in line with the Risk Management Framework.
	ITEMS FOR DISCUSSION
D&P/23/24	**IT INFRASTRUCTURE AND ASSET MANAGEMENT ACTION PLAN UPDATE** The Director of Finance and IT presented the item which provided progress against the Cyber Security and Assurance Improvement Plan following a Limited Assurance report from Internal Audit. The following areas have been identified for Governance Processes and Risk Management and have been prioritised as part of a Cyber Security Improvement plan: • Network Security Management (vulnerability management and scanning) • Supplier Chain Management (all Suppliers must comply to Cyber Assurance frameworks) • Endpoint Management (user devices and systems) • Policies and procedures Review • Cyber awareness and training • Cyber Incident response and reporting • Business Continuity Planning in the event of a Cyber-attack across Operational Services

	The Director of Finance and IT highlighted that following the initial assessment and from the recommendations of the Cyber Security and Compliance manager, funding was awarded via the Digital Priorities Investment Funding (DPIF) and Powys have procured the necessary technology and tools for network monitoring, increasing assurance. The Committee received the report and took ASSURANCE on the progress made within the action plan and will continue to receive regular updates as part of the Digital Framework.
ESCALATED ITEMS	
There are no items for inclusion within this section	
ITEMS FOR INFORMATION	
There are no items for inclusion within this section	
OTHER MATTERS	
D&P/23/25	**COMMITTEE WORK PROGRAMME** The Director of Corporate Governance provided an update against the tracking of agenda items within the Committee Work Programme for transparency. It was noted that a key would be added for ease of status tracking for Committee members awareness. The Committee NOTED the Committee Programme of Business.
D&P/23/26	**ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES** There were no items raised.
D&P/23/27	**ANY OTHER URGENT BUSINESS** There were no items of urgent business.
D&P/23/28	**DATE OF THE NEXT MEETING** The date of the next meeting is scheduled on 31st August 2023 at 13:30 via Microsoft Teams
D&P IC/23/29 Mills, Gelinda 30/08/2023 08:49:32	The following resolution was passed: Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential

	nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
D&P IC/23/30	**MINUTES OF IN-COMMITTEE 02 MAY 2023** The minutes of the In-Committee meeting held on 02 May 2023 were AGREED as an accurate and true record.
D&P IC/23/31	**FINANCIAL SUSTAINABILITY** The Director of Finance and IT provided the Committee with a verbal update in relation to the amended Financial Plan 2023/24 of the £33m deficit position which has been submitted to Welsh Government. The Committee NOTED the update on financial sustainability.
D&P IC/23/32	**CYBER SECURITY UPDATE** The Director of Finance, Information and IT gave an update to the Digital First update provided in November 2022. The Committee: • RECEIVED the progress report and noted the planned work, • Took ASSURANCE that progress is being made to ensure the Health Board meet requirements in relation to cyber security.
D&P IC/23/33	**CORPORATE RISK CYBER SECURITY** The Director of Corporate Governance advised the Committee that the key risks have been reviewed and discussed under the Corporate Risk Register item and that the Cyber Security Risk had been shared In-Committee due to the sensitive content and confidential nature. The Committee NOTED the Cyber Security Corporate Risk.

Belinda Mills
RAG Status:

At risk	Red - action date passed or revised date needed
On track	Yellow - action on target to be completed by agreed/revised date
Completed	Green - action complete
No longer needed	Blue - action to be removed and/or replaced by new action
Transferred	Grey - Transferred to another group

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Delivery and Performance Committee

Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW								
25th January 2023	PTHB/22/105	DFIT	Integrated Performance Report	A report on the learning from the Adastra Cyber issues to be taken to the Delivery and Performance Committee in August 2023.	Action transferred from Board Action log. **Update at 31.08. 2023** - Item on the Agenda for 31st August 2023. item deferred due to length of Agenda new time scales required to committee	Aug-23	Oct-23	At risk
2nd May 2023	D&P/23/11	DFIT	Records Mangement Improvement Plan	To include futher detail regarding specfic evidece to support assessment of 100% completion against the action plan. A further mid year report would be expected in August 2023	**Update at 31.08. 2023 -** Action deferred to October 2023 meeting due to prioritisation of August 2023 agenda	Aug-23	Oct-23	At risk
27th June 2023	D&P/23/18	DP&C	Integrated Performance Report	To provide an indication of trend analysis and direction of the development to extend MIUs and seek comparators of good practice against other Health Boards.	**Update at 31.08.23** - the proposal to extend MIUs is being considered as part of the Accelerated Sustainable Model work. The design report for this exercise will be available for the October meeting.	**Oct-23**		On track
31-Jan-23	ARA/22/104a	Director of Finance and IT	A review of financial delegations in relation to capital projects/developments *(Machynlleth Hospital Development)*	This issue arises due to the fact that the day to day approval levels for an AD are relatively low when they act as a Project Director on a major capital project. This specific scheme is the largest PTHB has implemented to date. Approvals were required in a live project decision making. The approvals were all ratified by the SRO but for future projects learning will be applied to ensure the PD is able to sign off timely expenditure in a live project and this will be followed up and embedded by future SROs and wider appropriate colleagues when establishing project governance.	Item transferred from ARAC to D&P Committee. **12.06.2023 Update:** A report to be presented to Committee in August in terms of the Capital Procedures re authorisation of capital payments and orders with reference to the current limits and potential changes to improve the current processes. **Update at 31.08. 2023** - A revised authorisation proces has been developed. It is planned to take it to the next Innovative Environments Group for endorsement. It will need Board approval as an update to the Scheme of Delegation, so will come to D&P Committee in October for consideration ahead of that.	Aug-23	Oct-23	At risk
27th June 2023	D&P/23/19	DFIT	Lack of progress in secondary care across England	To include an update within the next iteration of the Digital First report regarding the ongoing concerns raised with Digital Health Care Wales (DHCW) on the lack of flow within secondary care across England.	**Update at 31.08. 2023** - This will come in December 2023 along with the Digitial Strategic Framework update	**Dec-23**		On track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 31/08/2023)								
13th June 2023	IEG/23/009	Associate Director of Estates, Capital and Property	Reinforced Autoclaved Aerated Concrete (RAAC) report	A NIL return to be noted	Action transferred from Innovative Environments Group. **Update at 31.08. 2023 -** on agenda for 31.08.2023	Aug-23		Completed
27th June 2023	D&P/23/22a	DFIT	Finance Performance Report Month 03	A deep dive of Variable Pay would be undertaken and an update be brought back to the Committee in August 2023.	**Update at 31.08. 2023 -** On agenda for 31.08.2023 as Agency pay deep dive	Aug-23		Completed
28th February 2023	D&P/22/73a	MD	Care Home Staff Training	Data regarding care home staff training on safely lifting fallen patients would be shared when more was available but early indications (one month of data) showed a reduction in falls, and no falls related conveyances from those care homes that took part in the project.	Data to be reviewed and shared with Committee members at the next D&P Committee in August 2023. **Update at 31.08.23** A total of 21 homes and 157 Care Home staff attended falls familiarisation sessions across Powys. 11 homes had declined or had not been able to attend the sessions during the pilot period (often due to staffing issues due to sickness including COVID-19). For November 2022 to April 2023, the data shows there were 25% less attended incidents for Falls in the homes which attended familiarisation sessions (57) versus those care homes that did not (76). Overall, there has been a 10% reduction in falls calls for homes Powys over the past 3 months (March – May 2023). WAST has agreed to review the data quarterly so that impact of the project can continue to be monitored. An AHP Falls Lead has been appointed and is now in post. The Multifactorial Falls Assessment App (MFA) has been developed and is now ready for testing. It is hoped that this will improve screening and referral of those at risk of fall allowing us to implement more preventative measures.	Aug-23		Completed
11th November 2022	D&P/22/56a	DPCCMH	Review Whole System Approach of Diabetic Care	DPCCMH to liaise with DPH to review the whole system approach to diabetic care to include analysis of excess death rates	The Director of Primary, Community Care and MH advised that a timeframe would be agreed with the Director of Public Health and a briefing note would be circulated to members for information. **Update at 31.08.23** - DPH and RA have met to discuss, further actions agreed. Recommended for Committee closure.			Completed
27th June 2023	D&P/23/22b	DFIT	Finance Performance Report Month 04	Delayed Transfer of Care data to be included within finance reporting from Month 03 going forwards.	**Update at 31.08. 2023 -** Action Completed and the Monthly Finance Report Contains the Information.	Aug-23		Completed
27th June 2023	D&P/23/20	DP&C	Integrated Performance Report	A review to be undertaken of the accuracy of data to measure compliance with decarbonisation targets	**Update at 31.08.23 -** The measure is no longer a quantative measure in the 2023/24 Framework, it is now a qualative measure. The requirement is to evidence improvement supported by schemes description and actions.	**Aug-23**		Completed

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.1

Delivery & Performance Committee	**Date of Meeting: 31st August 2023**
Subject :	**Progress Against the Integrated Plan 2023-2026, for the Quarter 1 Period, April to June 2023**
Approved and Presented by:	**Interim Director of Planning and Performance**
Prepared by:	**Assistant Director of Planning/ Planning Managers**
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2023).

Following consideration at this Committee, it will be submitted to PTHB Board on 27 September 2023 and subsequently, to Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

RECOMMENDATION(S):

The Committee are asked to consider the report ahead of submission to PTHB Board and subsequently Welsh Government.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
✓		

[1] Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

EXECUTIVE SUMMARY:

This report provides the Executive Committee with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2023).

This report will subsequently be provided to both PTHB Board and Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan. These are noted in the detailed background and include a new reporting element to demonstrate the level of 'delivery confidence' on each item.

DETAILED BACKGROUND AND ASSESSMENT:

This report provides the Committee with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2023).

A number of improvements were made during 2022/23 to both the process for monitoring progress against plan and the format and content of the report itself and this is built into this report.

A number of further improvements have been made to this version which include:

- The inclusion of an additional chart on the summary page which gives the totality of the RAG ratings. This allows a quick view of progress against the whole plan and the proportion of items that are completed; on track; at risk and not yet due.
- The inclusion of a delivery confidence rating for each milestone. It was requested by the Executive Committee that a rating was given for all items including those not yet due, so that it is possible to have a line of sight across the whole plan on likely deliverability.
- Automated 'drop down' boxes to guide and control inputs so that the report is consistent and accurate and use of background coding on the automated items to produce a colour coding for the RAG ratings.
- The issuing of step by step guidance for completion of the form, to improve consistency and minimise gaps and errors in returns.

These improvements are intended to produce a more consistent and meaningful overview, whilst remaining as concise as possible, across a complex and multi-dimensional plan.

The change request component has been rolled over to this year as this proved helpful to enable adjustments to be made in the light of the more agile and fluid environment in which the organisation is working. It was

noted during the moderation process at Executive Committee that the changes noted in the Q1 return were not material and therefore would be treated as performance narratives. It was agreed at Executive Committee that only changes at the level of Strategic Priorities would be treated as formal change requests in future (ie. the removal of, or addition to, the agreed 32 Strategic Priorities).

Executive lead sign off has been maintained as a requirement for submission of returns on progress against plan, to ensure that the report reflects the appraisal carried out within Directorates and is given as part of the Lead Executive's accountability for their portfolio and strategic priorities.

Each of the 32 Strategic Priorities set out in the Integrated Plan has been reviewed by the relevant Director and a commentary provided on key achievements and challenges, where required for Quarter 1. An additional explanation including mitigating action is also included where any items are rag rated as red.

Following consideration at this Committee, this report will be provided to PTHB Board and Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

NEXT STEPS:

Following consideration at this Committee, this report will be provided to PTHB Board and Welsh Government as a formal report of Progress against Plan for the Quarter 1 Period.

It should be noted that further review of the Integrated Plan is likely to take place in Quarter 2, as a result of the work being carried out via the Executive Opportunities Group in liaison with PTHB Board.

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care	1. Staying Healthy	✓
	2. Safe Care	✓

Standards:	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
	None	**Low**	**Moderate**	**High**	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Integrated Plan Progress Report

Quarter 1 2023/ 2024

April to June 2023

BRAGG Key

Blue - Complete
Red - Behind schedule
Amber - At risk/issues present
Green - On track
Grey – Not due yet

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Plan on a page 2023 > 24

1. Population health improvement including health inequalities
2. Health Protection including vaccination
3. Health protection – Infection Prevention and Control

4. Primary Care **Ministerial Priority*
5. Diagnostics **Ministerial Priority*
6. Admission Avoidance
7. Planned Care **Ministerial Priority*

8. Cancer **Ministerial Priority*
9. Circulatory
10. Respiratory
11. Mental Health **Ministerial Priority*

12. Frailty and Community Model **Ministerial Priority in relation to DTOC*
13. Urgent and Emergency Care **Ministerial Priority*
14. Specialised Care

Wellbeing Objectives: providing the bridge to the medium term and longer term ambition

In Year Strategic Priorities: (incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities

WORKFORCE FUTURES

- Transformation & sustainability of our workforce
- A great place to work
- Employee health and wellbeing
- Joint workforce futures programme

DIGITAL FIRST

- Digital strategic framework
- Implement clinical digital systems
- Resilient, cyber secure infrastructure
- Electronic document management and digitalisation
- Modernise data architecture and business intelligence

INNOVATIVE ENVIRONMENTS

- Capital and estates programme
- Environmental management and decarbonisation

TRANSFORMING IN PARTNERSHIP

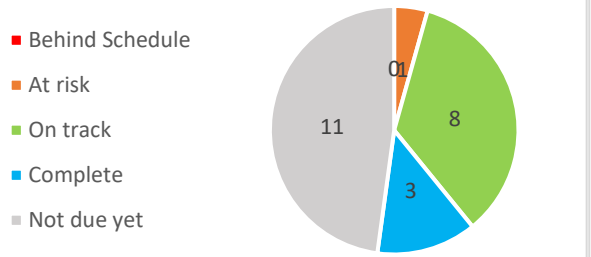
- Governance
- Quality Governance
- Engagement and Communication
- Strategic Commissioning and Performance
- Strategic Planning
- Innovation and Improvement
- Strategic Equalities and Welsh Language

Enabling Priorities 2023-2026

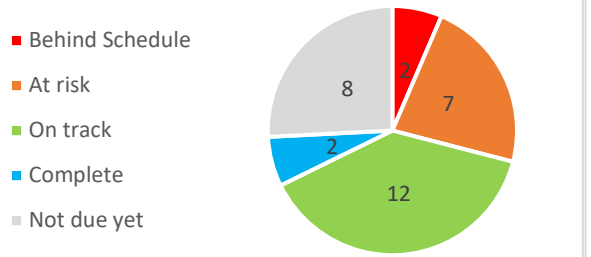
Quality and Value (Patient Safety, Outcomes and Experience) are fundamental across the whole plan

SUMMARY OVERVIEW

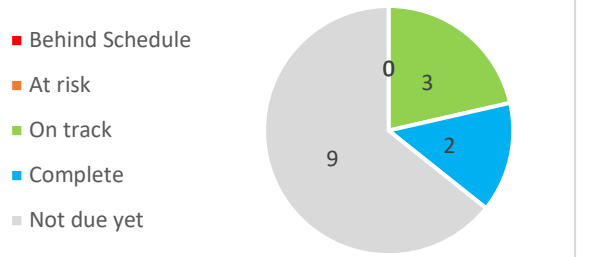
Focus on Well being



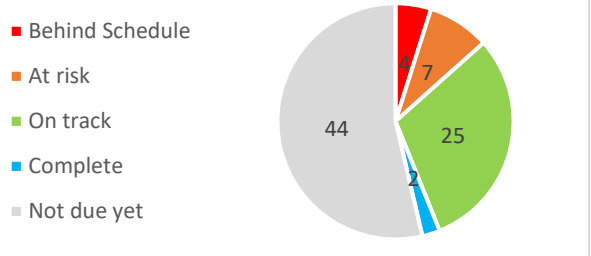
Joined Up Care



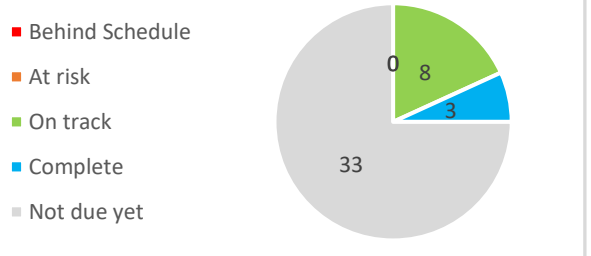
Innovative Environments



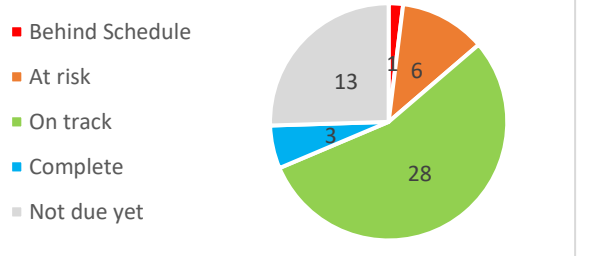
Early Help and Support



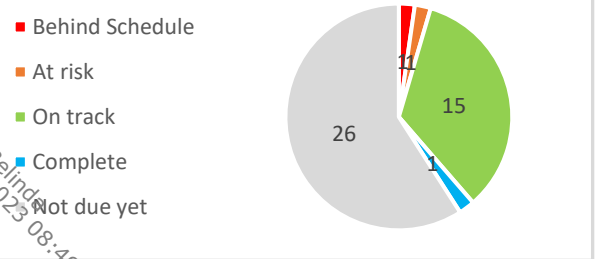
Workforce Futures



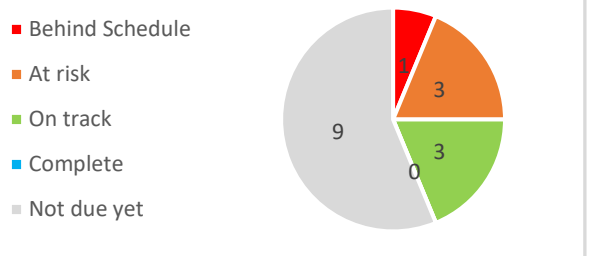
Transforming in Partnership



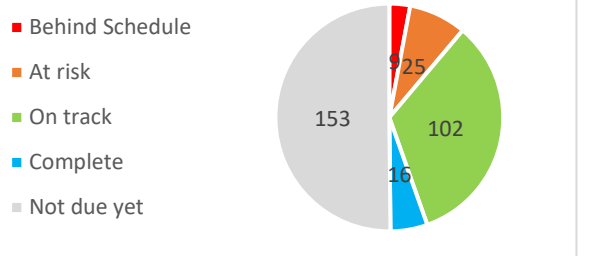
Tackling the Big Four



Digital First



Overall



Focus on Wellbeing

Strategic Priority 1 – Population Health improvement including Health Inequalities

Executive Leads – Director of Public Health / Director of Nursing and Midwifery/Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Designed to Smile - 82 settings in total on the target list in Welsh Index of Multiple Deprivation 1,2 &3. The programme has had to completely restart following covid. 26 settings toothbrushing, 53 refused. 27 settings have had fluoride varnish application twice, 38 refused. 15 not yet targeted. Children have received home packs twice. Plan is to increase toothbrushing and fluoride in the setting working on issues surrounding refusals.
- Pathfinder pilots are running well in Llanfyllin and Knighton. Full recruitment is complete. Early Years strategy workshops have been completed and attended well from service providers across sectors to look at co production of strategy. A working group has been established to develop the strategy which will be presented to Start Well in October.
- NYTH/NEST (Mental Health and Wellbeing Framework for Children and Young People) - Steering Group set up to support implementation of the Powys Plan and resource agreed via Regional Partnership Board to support further coordination and delivery of the plan.
- The work of the smoking cessation team has been reorientated, enabling focus on targeted groups/areas. There has been a return to face-to-face delivery again in addition to the telephone support provided. The team are delivering the new Help Me Quit Hospital smoking cessation service with includes outpatients and cross border patients, and also the Help Me Quit Baby service for pregnant women. The team have been active in promoting the service with PTHB colleagues and partner agencies, and recent data has shown an increase in referrals.
- Whole System Approach to Healthy Weight has been agreed as a priority area within the Public Services Board (PSB) Well-being Plan. Two engagement events were held in May 2023 with the aim of;
    - To begin to understand the drivers of unhealthy weight within the area of 'Children, Families and Access to Healthy Food'.
    - To identify leverage points and actions to inform a shared action plan.

  The events involved a range of key stakeholders identified via a mapping process. The events helped to identify gaps in the system and key actions required to progress the work. The key themes identified included 'breastfeeding', 'weaning', 'cooking skills' and 'cost of healthy food'.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*Status*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**

Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic)	• Healthy Child Wales Programme Q1 – Q4	DoNM	Green				High	High
	• Designed to Smile Q1 – Q4	DoCMH	Green				High	High
	• Expand the offer of Just B smoking prevention programme to targeted secondary schools in conjunction with Public Health Wales Q3 – Q4	DPH					Medium	High
	• Work in partnership to improve awareness of and access to NHS Stop Smoking Service Q1–Q4	DPH	Green				Med	Medium
	• Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/DoCMH	Green				High	High
	• Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/DoCMH	Green				High	High
	Work in partnership to develop a Whole System Approach to Healthy Weights programme by: • Planning and delivering stakeholder engagement workshops Q1	DPH	Blue				High	High
	• Undertaking mapping and analysis at sub-system level to identify specific system areas for action Q3						High	High
	• Developing an action plan Q4						High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Mererid Bowley (Director of Public Health) Joy Garfitt (Director of Community and Mental Health) Claire Roche (Director of Nursing and Midwifery)

Mills,Belinda 30/08/2023 08:49:32

Strategic Priority 2 – Health Protection including vaccination

Executive Lead – Director of Public Health

Commentary on Progress in this Quarter:

- The revised model for mass vaccination was implemented during Q1. The vaccination centre in Mid-Powys was decommissioned and there are now 2 main vaccination centres in Powys, based in Bronllys and Newtown. The immunisation team delivered outreach clinics in 5 communities across Powys, which helped to increase overall spring booster uptake by 8% to 80.9%, and by 24% in the Ystradgynlais GP Practice population. In Q1, spring booster vaccination uptake was 89.3% in eligible care home residents, and 84.2% in eligible 75+ year olds.
- Work has been undertaken with GPs to improve the recording of immunisation data of children in the early years. The data will be used to inform targeting of promotion campaigns to increase uptake.
- Discussion is happening at a national level to clarify roles and responsibilities for a Health Protection response as the service transitions from TTP to a wider health protection service to respond to 'all hazards'.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework	• Implement revised mass vaccination model in line with agreed OCP Implementation Plan Q1	DPH	Blue				**High**	High
	• Deliver covid-19 booster campaigns in line with WG directives Q1, Q2, Q4		Green				**High**	High
	• Develop a vaccine equity plan to reduce variation in uptake Q3						**High**	High
	• Promote uptake of immunisation for all ages Q1 - 4		Green				**High**	High
	• Implementation of immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars Q3 – Q4						**Medium**	High
	• Promote uptake of national cancer screening in partnership with Public Health Wales Q1 – Q4		Green				**High**	High
Delivery of local component of Health Protection response	• Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales Q4	DPH					**High**	High

aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees	• Annual review of civil contingency response plans, participation in training and exercises Q4						**High**	High
	• Work with partners to develop a joint recovery plan for Hepatitis B and C – delivery Q2						**High**	High
	• Work with Public Health Wales and Local Authority to evolve a transitional health protection service to respond to public health threats within allocated funding Q1 - 4		Amber				**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Mererid Bowley (Director of Public Health)		

Strategic Priority 3 – Health Protection – Infection Prevention and Control

Executive Lead – Director of Nursing and Midwifery

Commentary on Progress in this Quarter: Infection, Prevention and Control gap analysis completed and presented to Executive Committee.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Deliver improvements in Infection Prevention and	• Diagnostic phase: Gap analysis of Infection Prevention and Control Q1	DoNM	Blue				**High**	High

Control, building on and strengthening learning from the Covid-19 pandemic and beyond	• Implementation of Improvement Programme, "Journey to Excellence" informed by diagnostic assessment above, to include objective setting for year 1 – Q3						**High**	High
	• Completion and embedding of immediate "make safe" actions, as identified in "Infection Prevention and Control: Journey to Excellence" Q4						**High**	High
	• Completion of Year 1 objectives Q4						**High**	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	N/A

Executive Director Sign Off	Claire Roche (Director of Nursing and Midwifery)

Early Help and Support

Strategic Priority 4 – Primary Care *Ministerial priority

Executive Lead – Director of Finance and IT

Commentary on Progress in this Quarter:

Commentary on red rated actions:

- Optometry - Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1- reliant on national release of IPOS pathway
- Community Pharmacy - Work is ongoing at a national level, this is largely outside health board control.
- With regards to out of hours provision, local contractors are struggling to sustain support during contracted day time hours. There are serious workforce challenges in community pharmacy and it will be a significant challenge, particularly in light of the financial challenge faced by the health board, to secure Out of Hours (OOH) provision

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Increased access to GP and Community Services	• GP Practice Sustainability and contract reform Q1 - 4	DoFIT	Green				High	High
	• Data analysis and review, including review of additional investment Q1 - 4		Green				High	High
	• Analysis of feedback and lessons learnt Q1 - 4		Green				High	High
	• Quality Improvement Data Activity Project will conclude Q1 - 4		Green				High	High
	• Engagement with patients and stakeholders on the perception and experience of access Q1 - 4		Green				High	High
	• Maturing Clusters and GP Collaboratives in line with Cluster plans Q1 - 4		Green				High	High

Improved use of Community Pharmacy	• Development of a workforce model including out of hours model Q1 - 4	DoFIT	Red				Medium	Low
	• Community Pharmacy Service contract implementation to be monitored Q1 - 4		Green				High	High
	• Systematic tracking of access and compliance with contractors (including emergency medicine service and prescribing) Q1 - 4		Green				High	High
	• Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 - 4		Green				Medium	High
	• Scoping, viability assessment, business case and skill development for identified opportunities Q2 - 4						High	Low
	• Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters Q1		Amber				Medium	Medium
	• Evaluate patient use of rota services and consider improvements Q1		Red				High	Medium
	• Refine and develop promotional opportunities Q1 - 4		Green				High	High
	• Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges Q1 - 4		Green				Medium	High
	• Support increased take up of non-medical prescribers Q2						Medium	High
Improved use of Optometry	• Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1	DoFIT	Red				High	High
	• Medical retina referral refinement and data capture Q2						Medium	Medium
	• Legislative change implementation Q3						High	High
	• Glaucoma referral refinement and data capture with virtual review Q3						High	Medium

	• Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation Q1 - 2		Green				Medium	High
	• Establish systematic tracking of access in relation to Independent Prescribing Optometric Services hours of operation Q1		Green				Medium	High
	• Establish inter-practice referral for urgent cases Q1		Amber				Medium	High
	• 1 optometrist qualified as prescriber in North Powys; inter-practice referral in this area; second role with inter practice referral Q2 - 4						Medium	Medium
	• School vision and eyecare access improvements Q1 - 4		Amber				Medium	Medium
	• Scope and develop health board led domiciliary service Q4						Low	Low
	• Agree and implement 'The Eyes Open' communication campaign Q2						Medium	Medium
Increased use of Dental	• Implementation of new Llandrindod Wells contract with full operational capacity up to contract value Q1 - 4	DoFIT	Green				High	Medium
	• Rural enhancement offer for Foundation Dentists – two posts in place Q3 - 4						High	High
	• Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner Q1 - 4		Green				Medium	Medium
	• Procure dental service in Newtown (North Powys Cluster) Q1 - 4		Amber				Medium	High
	• Recruit additional dental officer for sedation Q4						Medium	High
	• Recruit dental therapist in Mid Powys Cluster Q4						Medium	Medium
	• Rescoped mobile dental services operational in areas with limited or no access Q4						High	High
	• South Powys Cluster dental provider fully operational Q3						Medium	Medium

	• Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end Q1 - 4		Green				Medium	High
	• Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4						Low	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope		**Change in Timescale**	
Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1- reliant on national release of IPOS pathway			
Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)		

Strategic Priority 5 – Diagnostics *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- TransNasal Endoscopy: Mobilisation meetings in place and meet fortnightly. Moondance have agreed to support the additional funding to secure 4 scopes, formal offer letter from Moondance is with Medical Director for sign off. Approval sought from Digital Governance, Cyber and Information Governance. Cwm Taf UHB have a short delay in getting their Clinics up and running so there is a delay around the training however, lead endoscopist seeking additional training from Ear Nose and Throat Specialist in the interim. Patient Information Leaflets and Standard Operating Procedures drafted and with Medical Director for Sign off.
- Dermatology: GP with Extended Role (GPwER) in Dermatology appointed and due to start in July 2023. Mobilisation meetings are in place and meet fortnightly. Standard Operating Procedure in draft for the service following process mapping. Outpatient space secured for the clinic and procedure clinics. Data Protection Impact Assessment (DPIA) in draft.
- BCUHB have agreed to accept referrals for mid Powys patients to the Rapid Diagnostic Clinics (RDC) at Wrexham Maelor Hospital. Discussions currently taking place between PTHB and BCUHB commissioning teams to confirm arrangements. Cancer Clinical Lead to share guidance and referral pathway with mid Powys General Practices. This will be subject of a Powys GP Collaborative meeting on 13/07/2023 including Wrexham Rapid Diagnostic Clinic Cancer Nurse Specialist.

- Rapid Diagnosis Service research project commenced January 2023 and is reported to end in July 2023. A part time Project Manager has been deployed by the Wales Cancer Network supported by the PTHB Cancer Clinical Lead and Transformation Programme Manager. Initial findings of the research were discussed at the Cancer Programme Board Meeting on 6/6/23 and conclusions and recommendations are due in July 2023

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Access to additional regional diagnostics capacity	• Identify potential to repatriate low complexity activity and clarify basis of access Q2 - 4	DCMH					**Medium**	Medium
	• Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2						**High**	Medium
	• Issue commissioning intentions, Agree Long Term Agreements Q3 - 4						**High**	High
	• Adjust in year Long Term Agreements where solutions can be expedited Q3						**Medium**	Low
Implementation of Transnasal Endoscopy	• Readiness assessment, capital installed, pilot initiated in Mid and South Powys, review, Plan for North Powys developed Q1 - 4		Green				**High**	High
Implementation of Community Cardiology	• Implementation of plan for first phase of Community Cardiology and transition to business as usual in North Powys; tracking activity, patient outcomes and experience Q3						**Medium**	Medium
	• Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) Q4						**Medium**	Medium
	• Work to improve equity of access to cardiac rehabilitation Q3						**Medium**	Medium

Implementation of Dermatology	• Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) Q1 - 4		Green				Medium	Medium
Complete access to Rapid Diagnostic Clinics	• Interim access for Mid Powys Q1		Amber				High	High
	• Research potentiality of rural model Q1 - 2		Green				High	High
	• Agree longer term model Q2						High	Medium
Straight to Test Model	• Work with commissioned services on straight to test models Q1 – 2		Amber				Medium	Medium
	• Review impact on outpatient delivery, business case development, implementation Q3 – 4						Medium	Medium
Implement Regional Image Sharing Platform & capital review of diagnostic equipment	• Regional Image Sharing Platform implementation plan Q4						Medium	Low
	• Capital bid complete Q3						High	Low

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	✓	**Change in Timescale**	**N/A**

On section "Complete access to Rapid Diagnostics Clinics" above could the bullet points be changed to reflect the section under Strategic Priority 8 - Cancer for consistency – the new bullets above should read:

- Review solution in place for access for Mid Powys patients Q1 - 2
- Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 – Q2
- Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 - 2

Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)

Strategic Priority 6 – Admission Avoidance

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter: Workstream meetings in place. High level narrative around the potential opportunities on Admission Avoidance have been explored and included in the design phase of the Accelerated Sustainable Model.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)	• Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for admission avoidance in Powys Q1 - 2	DCMH	Blue				**High**	High
	• Develop a business case, with phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2						**High**	Medium
	• Secure approval for business case and implement Phase 1 – Q3						**Blank**	Medium
	• Implement Phase 2 – Q4						**Blank**	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)

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Strategic Priority 7a) – Planned care (Transformation / Accelerated Sustainable Model)

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Work is continuing under Outpatient Transformation to increase capacity to implement, monitor and expand clinically See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) pathways utilising a Multi-Disciplinary Team (MDT) approach. The development of SOS/PIFU documentation is in progress. Work is also ongoing supporting the refocus of the National digital Eyecare Programme and priorities around the implementation on the Electronic Referral Service (ERS) awaiting Digital Health and Care Wales (DHCW) timescales to be confirmed. Support is ongoing around waiting list validation to support access targets, Planned Care Recovery Programme Goals and reduce number of patients waiting for Follow up.
- Value Based Opportunities papers developed for Wet Age-Related Macular Degeneration (AMD) / Cataracts and Musculoskeletal (MSK) shoulders and opportunities identified. Wet AMD Value Based Opportunities paper and action plan approved by Executive Committee. Getting it Right First Time (GIRFT) Review underway with Glaucoma and Cataracts and awaiting recommendation report where an action plan will be drafted in response.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Strengthen existing infrastructure and governance	• Gap assessment of Planned Care infrastructure inc. Operational Management; Clinical Leadership and supervision; quality and safety governance Q2 - 4	DCMH					**High**	Medium
Deliver improvements in line with Getting It Right First Time reviews	• Delivery of Theatre Efficiencies Plan Q2 - 4						**High**	High
	• Implement Getting It Right First Time recommendations for orthopaedics, general surgery and gynaecology including repatriation of low complexity day cases Q4						**High**	High
	• Detailed exploration of Insourcing to provide additional capacity extended Q4						**Medium**	High

Deliver benefits of Outpatient Transformation	• Appoint Planned Care Clinical Director Q3						High	Medium
	• Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1 - 4		Green				Medium	Medium
Access to additional regional planned care capacity	• Identify potential locations across five regions for PTHB flow; equality impact assessment and identify related engagement and consultation requirements Q2						Medium	Low
	• Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer Q2						Medium	High
	• Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2						High	Medium
	• Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited Q3						Medium	High
Improve Value in key specialties	• Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement, commissioning intentions, Long Term Agreements / Service Level Agreements Q1 - 4		Green				High	High
	• Musculoskeletal - Develop Action Plan Q1 - 4		Green				High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	**N/A**
Please add explanation for change request here			
Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)		

Strategic Priority 7b) – Planned Care (Women and Children)

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Digital Maternity Cymru (DMC) – Senior Lead Maternity Clinical Informaticist commenced post. Project board continues implementation steered by Digital Health and Care Wales (DHCW) national DMC team. National system procurement awaited.
- Maternity Continuous Improvement Plan – continues to progress. Reviewed monthly and reports to Maternity Matters.
- All Wales HIV Plan – sexual health contribution to the overarching plan in progress.
- Gender Identity – Service Level Agreement (SLA) revised and work underway to formalise a sustainable model.
- Community Paediatric Remodel - steering group and respective work streams established and work underway, and project plan drafted.

Commentary on red rated actions:

- There is a GIRFT (Getting It Right First Time) action plan drafted and agreed, however, a number of key actions such as a demand and capacity exercise and the required clinical expertise and input into delivering the work have been delayed due to ongoing resource issues. Therefore, until these can be resolved we are not able to progress some of the actions as defined in the plan.

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Delivery of the Maternity Assurance and Safety Improvements	• Implement the Digital Maternity Cymru solution with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan Q1 - 4	DCMH	Green				**High**	High
	• Implement PTHB Maternity Continuous Improvement Plan		Green				**High**	High
	• Implement recommendations of All Wales Maternity Neonatal Report Q2 - 4						**High**	Medium
	• Review establishment against Birth Rate Plus Recommendations and develop response Q2 - 3						**Medium**	Medium

	• Deliver the transfer from South Powys Maternity Pathways from Aneurin Bevan University Health Board to Cwm Taf Morgannwg Q3 - 4						High	High
	• Implement Healthcare Inspectorate Wales (HIW) recommendations for birth centre environments including CAD designs and works for Llanidloes/Knighton Q3 - 4						Medium	Low
Delivery of the Women's and Sexual Health Improvement Plans	• Implement All Wales case management system Q3						Medium	Low
	• Implement the All Wales HIV Plan Q1 - 4		Amber				Medium	Medium
	• Develop sustainable model for Gender Identity Service Q1 - 4		Amber				Medium	Medium
	• Delivery of All Wales Women's Health Implementation Group Priorities and Getting it Right First Time Gynaecology recommendations Q1 -4		Red				Medium	Low
	• Delivery of recommendations of the demand and capacity exercise Q3 - 4						High	Low
	• Scale up Endometriosis & Menopause pilots, based on evaluation outcomes Q2 - 3						High	High
Implementation of Paediatric Remodel including Paediatric Therapies	• Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management including cross border Q1 - 4		Green				High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)

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Tackling the Big Four

Strategic Priority 8 – Cancer *Ministerial priority

Executive Director – Medical Director

Commentary on Progress in this Quarter:

- The mapping of the Cancer Improvement Plan for NHS Wales 2023-2026 has been undertaken (informed by ongoing benchmarking) and reviewed at a workshop held on 23rd June 2023.
- The Cancer Plan is being drafted following the mapping of the Cancer Improvement Plan and subsequent workshop held on 23rd June 2023. Cancer Plan to be presented at Executive Committee on 6th September and Cancer Programme Board Meeting on 19th September.
- BCUHB has agreed to accept referrals for mid Powys patients to the Rapid Diagnostic Clinics (RDC) at Wrexham Maelor Hospital. Discussions currently taking place between PTHB and BCUHB commissioning teams to confirm arrangements. Cancer Clinical Lead to share guidance and referral pathway with mid Powys General Practices. This will be subject of a Powys GP Collaborative meeting on 13th July including the Wrexham RDC Cancer Nurse Specialist.
- Rapid Diagnosis Service research project commenced January 2023 and is reported to end in July 2023. A part time Project Manager has been deployed by the Wales Cancer Network supported by the PTHB Cancer Clinical Lead and Transformation Programme Manager. Initial findings of the research were discussed at the Cancer Programme Board Meeting on 6th June and conclusions and recommendations are due in July 2023.
- Community Services Group appointing to Cancer Tracker. Non-recurrent funding allocation of £29,773 transferred to Patient Services budget.
- It has been confirmed that the three pathways of focus will be Lower Gastrointestinal, Urology and Gynaecology. Due to the complexity of the Powys pathways across England and Wales the Wales Cancer Network has indicated it would consider additional short term support to map the whole system pathways using data warehouse information. The Executive Lead is confirming whether this would provide added value over and above the information already available to the health board's Commissioning team.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
	• Map, benchmark and agree actions for nine themes; implementation, Review and plan next year Q1 – 4	MD	Green				**High**	High

Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)	• Single Cancer plan for Powys agreed Q1 – 2		Green				High	High
Rapid Diagnostic Clinics	• Review solution in place for access for Mid Powys patients Q1 - 2		Green				High	High
	• Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 – Q2						Medium	High
	• Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 - 2		Green				Medium	High
Delivery of Key Initiatives to improve access: • Cancer tracking	• Transnasal Endoscopy pilot Q2 – 4						High	High
	• Pilot the use of Cytosponge Q3 – 4						Medium	High
	• Set up Cancer tracking pilot approach within PTHB as a provider Q1 – 3		Green				High	High
	• Evaluation and approval for the way forward Q4						High	Medium
Quality Statement and Pathways	• Work with the Wales Cancer Network on optimal pathways and quality statement Q1 - 4		Green				High	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Kate Wright (Medical Director)

Tackling the Big Four

Strategic Priority 9 - Circulatory *Ministerial priority

Executive Director – Director of Public Health, Director of Therapies and Health Sciences

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Quality statement and pathways	• In partnership with the All Wales Strategic Clinical Networks work towards compliance with Quality Statements for Stroke, Diabetes and Cardiac Q4	DPH					**Medium**	Medium
Cardiac	• First phase of Community Cardiology; transition to business as usual in North Powys; tracking activity, outcomes and experience Q3						**Medium**	Medium
	• Commence roll-out of the next phase of the community cardiology service to mid and south Powys (subject to successful recruitment) Q4						**Medium**	Medium
	• Work to improve equity of access to cardiac rehabilitation Q3						**Medium**	Medium
	• Work with primary care on use of NT-proBNP blood test and clinical guidance for referral Q3 - 4						**High**	High
	• Review national prescribing indicators for Atrial Fibrillation and explore improvements Q4						**High**	High
Diabetes	• Review The National Institute for Health and Care Excellence (NICE) care processes and treatment targets for Diabetes and explore improvements Q3 - 4						**High**	High

Stroke	• Participation in All Wales and Herefordshire and Worcestershire strategic change programme Q1 - 4		Green				High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Mererid Bowley (Director of Public Health)

Strategic Priority 10– Respiratory *Ministerial priority

Executive Director – Director of Therapies and Health Science

Commentary on Progress in this Quarter: Following the final Breathe Well Programme Board in May PTHB is working to ensure compliance with the remaining areas for implementation. PTHB is above the national average for the number of app users per GP practice of the NHS Wales Chronic Obstructive Pulmonary Disease (COPD)Hub and AsthmaHub apps to support patients to self-manage their respiratory condition. Where PTHB is below the national average, work with Children and Young Person's services to improve uptake of the NHS Wales Asthma for Parents App continues. We have successfully recruited a second physiologist, starting in post in August. Work continues to review patients waiting for consultant follow up.

Commentary on red rated actions: The job description for the specialist post focussing on asthma has been drafted, submitted to Job Evaluation and approved. The post was advertised in early June 2023, however there were no applicants. The post is to be readvertised in July 2023 which means there is a risk that the post may not be operational from Q2.

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Implementation of the Respiratory Quality statement	• Asthma Specialist Post and Primary Care roles recruitment Q1; Operational Q2	DoTH	Red				Medium	Medium
	• Compliance to be achieved by Q4						Medium	Low

	• Review of Medical Model Q4						Low	Low
The use of Asthma plans for children and young people	• Continued Promotion of The Institute of Clinical Science and Technology (ICST) All-Wales App - Annual Delivery Q1 – Q4		Green				High	High
	• Implementation of plan for use of asthma plans for children and young people to be progressed as part of new roles Q1 – Q4		Amber				High	Medium
	• Plans in place by Q4						High	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Claire Madsen (Director of Therapies)

Strategic Priority 11– Mental Health *Ministerial priority

Executive Director – Director of Community and Mental Health

Commentary on Progress in this Quarter:

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Mills,Belinda 30/08/2023 08:49:32	• Design stage of the accelerated sustainable model to confirm scope of mental health transformation Q2 – Q4	DoCMH					High	High

Mental Health Service Transformation	• Interim sustainability improvements Q1 - 2		Green				High	High
	• National peer and clinical pathway review Q3						Medium	High
	• Implementation Q4						Medium	High
	• 111 press 2 implementation Q1		Blue				High	High
	• Demand and capacity review Q4						High	High
Pathway design and development	• Sanctuary service specification and tender Q2						High	High
	• Contract award Q3 – 4						High	High
	• Perinatal mental health key posts Q1		Green				High	High
	• Training, service user focus groups and outcome measures, online platform Q1 - 3		Green				Medium	High
	• Peer review Q1		Green				Medium	Medium
	• Update operational policy in line with all Wales pathway Q4						Medium	Medium
CAMHS	• Update part 1 scheme no wrong door panel Q1 - 2		Green				High	High
	• Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) Q1 - 4		Green				High	High
	• Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3						Medium	Medium
	• Develop as a trauma informed service (Incorporating TSW, ACE, HUB, NEST/NYTH) Q3						High	High
	• Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2						Medium	Medium

	• Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); create a DBT service Q4						**High**	High
	• Improve physical health monitoring for young people being prescribed medication Q2 - 4						**High**	High
	• Increase service user involvement especially with recruitment and service development Q1 - 4		Green				**High**	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	**N/A**	**Change in Timescale**	✓	

There has been limited resource available to take forward the Sanctuary work to date, therefore this has not progressed as initially intended. Dedicated resource has now been secured from July 2023 and therefore able to progress at pace, however it is anticipated that the specification and tender for the Sanctuary will slip from Q2 into Q3, given the delays in starting this work and the timescales attached to tendering processes.

Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)

Joined Up Care

Strategic Priority 12 – Frailty and Community Model - *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- First phase of implementation; detailed scheduling determined at Design stage: The Accelerated Sustainable Model has moved into the Design Stage and through its Programme Board, with input from its Coordinating Programme Team, an emerging model is being developed. The Design Phase will include the scheduling and phasing of actions.
- Community hospital model and ward design including East Radnorshire and Out of County bed use: This is being taken forward through the Accelerated Sustainable Model. It is proposed that this action is amended as set out below.
- Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters: Frailty Workstream being established. Clinical Director in Community Frailty Medicine and Consultant in Community Frailty Medicine posts advertised and shortlisted. Interviews to be held for the Clinical Director post and the way forward for the Consultant post to be confirmed by the Medical Director. Work in relation to Falls prevention has also continued. It is proposed that the wording for this action is amended as set out below.
- Reduce use of out of county community hospital beds through escalation and tracking: Baseline of out of county bed days and associated expenditure from 2022/23. Awaiting Q1 data from providers to track progress against the 2022/23 baseline.
- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay: PTHB engaging with nationally-led Preventing Deconditioning Working Group. Ward-based initiatives have demonstrated increased use of communal space by patients and that a higher proportion of patients are out of bed, dressed and moving than in the previous quarter. It is proposed that this action is removed as set out below.
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life: The existing Palliative / End of Life Workstream is to be broadened as part of the Accelerated Sustainable Model to consider the Last Year of Life. The revised workstream will be established in Q2.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**

Design and delivery of an Accelerated Sustainable Model	• First phase of implementation; detailed scheduling determined at Design stage Q1 - 4	DoCMH	Green				High	High
	• Community hospital model and ward design including East Radnorshire and Out of County bed use Q1 - 4		Amber				Medium	Medium
Improve key pathways and interventions	• Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 - 4		Amber				Medium	Medium
	• Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111 – Q3						Medium	Medium
	• Reduce use of out of county community hospital beds through escalation and tracking Q1 - 4		Amber				High	High
	• Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 – 4		Green				Medium	High
	• Improve co-ordination in the last year of life and the support available at home and in the community at the end of life Q1 - 4		Amber				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	✓	**Change in Timescale**	**N/A**

- Proposing that "*Community hospital model and ward design including East Radnorshire and Out of County bed use"* is amended to 2 separate new actions: "*Community hospital model and ward design developed"* and "*Implementation of revised model for East Radnorshire".* The rationale for this is that the community hospital model and ward design will be for Powys as a whole, which will then include East Radnorshire. The out of county bed use is duplicated with an existing action "*Reduce use of out of county community hospital beds through escalation and tracking."*
- Proposing that "*Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters"* is amended to: "*Define Powys approach to Frailty Scoring, rollout and review".* This work will still continue to involve the clusters but the rollout is likely to be different to the original wording.
- Proposing that "*Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay"* is removed as it duplicates with an action in *Strategic Priority 13 - Implementation of guidance to prevent deconditioning.*

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Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)

Strategic Priority 13 – Urgent and Emergency Care - *Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Expand community based urgent care (Accelerated Sustainable Model) scope to be set out: Workstream meetings in place. High level narrative around the potential opportunities for Admission Avoidance have been explored and included in the Design Phase of the Accelerated Sustainable Model.
- Swift transaction of out of county repatriation requests: Embedded Care Transfer Coordinators across all out of county sites with daily review of delays and targeted focus on patients stranded in acute beds. Engagement with escalation processes across out of county services with daily review of discharge planning at flow meeting.
- Cluster led risk stratification, care co-ordination: Care co-ordination embedded into "Patients in Care Homes" Direct Enhanced Service in Powys. Discussions with clusters ongoing in developing optimal approach to risk stratification.
- Phone First embedded in Minor Injury Units: This is embedded in PTHB Minor Injury Units and future plans being considered through ASM Admission Avoidance Workstream.
- Embed improved whole system approach to Delayed Transfer of Care (DTOC): Pathway of Care Delay data are reported monthly, approved by PTHB and Powys County Council, and submitted to the NHS Executive. In line with the data, a joint PTHB/Powys County Council Pathway of Care Action Plan is in place, being implemented and monitored. See proposed amendment to the wording of this action.
- Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first: Embedded revised D2RA pathways during Q1 and worked with the NHS Executive and other health boards to design and begin the capture of measures as part of the Welsh Information Standards Board requirements. Further work underway to support PTHB wards with data capture.
- Rehabilitation and reablement bridging team; expansion of home first community rehabilitation: Initial meeting held on 12 June 2023 between PTHB and Powys County Council to discuss scope and agree the way forward. Further meeting scheduled for 12 July 2023 to confirm the detail and next steps.
- Implementation of 111 Press 2 on track for delivery: This action is completed. 111 Press 2 went live in Powys on 10 May 2023 for 12 hours, extended to testing 24 hours on 8 June 2023 and went fully live with 24 hours per day on 15 June 2023.
- Implementation of guidance to prevent deconditioning: PTHB engaging with nationally-led Preventing Deconditioning Working Group. Ward-based initiatives have demonstrated increased use of communal space by patients and that a higher proportion of patients are out of bed, dressed and moving than in the previous quarter.
- Unscheduled Care dashboard to drive improvements in bed utilisation and capacity: The collation of the data has been taken forward as part of the PTHB Integrated Performance Framework. Data is being utilised by the operational Unscheduled Care Team as part of bed utilisation, pathway flow management and capacity.
- Roll out Trusted Assessor: Joint regular meetings between PTHB and Powys County Council established. Trajectory of Trusted Assessor workforce submitted to NHS Executive and monthly monitoring against the trajectory in place. There have been delays in agreeing the governance for Trusted Assessor with Powys County Council and an amendment to the timescale for this action is proposed below.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Deliver alternatives to Urgent and Emergency Care	• Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1	DCMH	Green				**Medium**	Medium
	• Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model Q3 - 4						**Medium**	High
	• Swift transaction of out of county repatriation requests Q1 - 4		Green				**Medium**	Medium
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan	• Cluster led risk stratification, care co-ordination Q1 – 4		Amber				**Tbc**	Medium
	• Phone First embedded in Minor Injury Units		Blue				**High**	High
	• Embed improved whole system approach to Delayed Transfer of Care (DTOC) Q1		Green				**Medium**	High
	• Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 - 4		Amber				**Medium**	Medium
	• Additional Discharge Liaison Officers Q2						**High**	High
	• Roll out Trusted Assessor Q1 - 2		Green				**Medium**	High
	• Explore and complete benefits analysis of an Integrated Brokerage Process development Q2						**Medium**	Medium
	• Patient level pathway assignment and tracking Q2 - 3						**Medium**	Medium

	• Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 - 3		Amber				Medium	High
	• Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2						Medium	Medium
	• Implementation of 111 Press 2 on track for delivery Q1		Blue				High	High
	• Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 - 4						Medium	Medium
	• Implementation of guidance to prevent deconditioning Q1 - 4		Green				Medium	Medium
	• Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1		Green				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	✓	**Change in Timescale**	✓

Propose amendment to the wording of "*Embed improved whole system approach to Delayed Transfer of Care"* to "*Embed improved whole system approach to Pathways of Care delays"* in order to align with Six Goals wording and the move away from the term DTOC.

Propose amendment to the timescale for "*Additional Discharge Liaison Officers"* from *Q2 to Q2-Q4* due to a delay in the business case being approved.

Propose amendment to the wording and timescale of "*Roll out Trusted Assessor"* to "*Develop the model for Trusted Assessor Q1 and Q2," and "Roll Out Trusted Assessor Q3 and Q4".* This is due to delays in establishing the governance arrangements with Powys County Council.

Executive Director Sign Off	Joy Garfitt (Director of Community and Mental Health)

Strategic Priority 14– Specialised Care

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- PTHB continues to participate in the Welsh Health Specialised Services Committee (WHSSC) Joint Committee and Management Group. Integrated Commissioning Plan developed.

- Integrated Plan 2023-24 developed with priorities of:
    - Cancer and blood
    - Cardiac services
    - Mental Health and Vulnerable Groups
    - Neurosciences and Trauma Services
    - Renal
    - Women and Children services
- Cross cutting priorities – WHSSC and Health Boards to progress cross cutting strategic programmes to identify pathway wide opportunities to reduce costs and/or increase efficiency in either WHSSC or HB cost base including:
    - Home Parental Nutrition Pathways: review to be undertaken to enhance pathways for patients for patients with Intestinal Failure including the service commissioned for patients requiring inpatient, home care feeding and nursing support. Options being developed explore equitable model of provision across Health Boards; mixed economy of provision dependent on demand; collaborative model across Health Boards. Low numbers of patients from PTHB and Swansea Bay perspective, further work to be undertaken to understand the demand and intensity of support across Wales. Review to also explore pathways to facilitate patients transfer of care from tertiary to locally provided care and to reduce length of stay in tertiary care with potential savings of £1.3m identified.
    - System wide savings from PET increases.
    - System wide savings from Mental Health Pathway functioning across secure, CAMHS and eating disorders.
        - CAMHS: proposed project to explore Welsh units better staffed than NHS England however how does that compare to the quality of services provided. WHSSC Integrated Performance Report indicating CAMHS Out of Area performance much improved and been consistently below target for an extended period. The NHS inpatient units are close again to pre-Covid levels.
        - Adult Medium Secure: Both inpatient units delivering fewer bed days than pre-Covid, however the use of other providers has increased. Performance meetings are occurring with both units monthly to monitor progress and a repatriation plan is in place for each unit and is on profile.
    - Specialised Psychology Services Review: Currently commissioned from Cardiff and Vale, Swansea Bay and Betsi Cadwallader across multitude of specialties investing £1.773m. Project Initiation Document developed for the review with phase 1 underway to review baseline position of all WHSSC commissioned psychology posts. Phase 2 to be completed by end of July 2023, workshops to be held with 3 Health Board psychology leads to inform phase 3, development and implementation of the model. Cash release/efficiency to be determined in Q2.
    - Efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms. Proposals being explore including Cardiac Surgery disinvestment in Cardiff and Vale and Swansea Bay (recurrent); Paediatric Surgery Cardiff and Vale; Plastics, Thoracic and Bariatric Swansea Bay; Thoracic Cardiff and Vale. Commissioning and Strategy efficiencies being explore including reduction in neonatal out of area transfers; reduction in forensic out of area placements; reduction in North West and South West CAMHS out of area placements; reduce in Eating Disorder out of area placements.

NHS England has approved plans to establish joint committees between NHS England and multi-Integrated Care Board collaborations from 1 April 2023, covering 9 geographical footprints, that will oversee and take commissioning decisions on 59 specialised services.

Commentary on red rated actions: Two red rated actions in quarter 1 were not achieved due to capacity constraints within the team. The aim is to undertake the actions in quarter 2

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value. It will work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost.	• Equitable access; reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the population Q1 - 4	DPC	Red				**Medium**	Medium
	• Reviewing Parenteral Nutrition pathways		Green				**Medium**	Medium
	• Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements Q1 - 4		Green				**Medium**	Medium
	• Reviewing specialised psychology services		Green				**Medium**	Medium
	• Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms Q1 - 4		Green				**Medium**	Medium
	• Evaluating investments over 3 years to test and map benefits and to re-target as appropriate		Red				**Medium**	Medium
	• Welsh Health Specialised Services Committee (WHSSC) - Appoint to specialised pathway lead Q3						**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	N/A
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)		

Workforce Futures

Strategic Priority 15 – Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track with high levels of confidence against each milestone for delivery by year end. Executive Committee has approved the adoption of Wagestream to incentivise more staff to sign up to Bank, with plans in place to implement in Qtr 2. The 4 overseas nurses for Welshpool have secured longer term accommodation and are completing their Objective Structured Clinical Examination (OSCE) training in preparation for deployment and a proposal for scaling up of overseas Nurse recruitment was agreed at Workforce Steering Group for a further 3 sites. Workforce planning training has been rolled out, targeting managers at 8a and above, with monthly classroom-based training now also available. To date 16 mangers have completed the on-line training, a further 19 have started, 5 have attended the first classroom-based training with a further 35 have signed up to undertake it over the coming months. A detailed workforce profile has been disseminated to services to inform the baseline assessment of the current workforce deployment. A targeted piece of work has also been undertaken for both our older adult and mental health wards to shape and inform workforce plans and support variable pay reduction.
- Work to develop the reservist pilot in partnership with Health Education and Improvement Wales (HEIW) is underway. Workshops including operational staff and volunteers along with colleagues from PTHB and HEIW have been held to develop the model. The focus has been on designing appropriate onboarding and "back office" processes involving systems such as ESR, Trac and payroll. Frequently asked questions and an advertisement have been developed, in readiness to advertise the reservist opportunity for Healthcare Support Workers in the first instance.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Workforce Planning	• All prioritised service areas to have a workforce plan Q4	DWOD					**High**	Medium
	• Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4						**High**	Low
	• Organisational Change approach to support Accelerated Sustainable Model Q2						**High**	Medium
Recruitment redesign	• Direct Sourcing Model in place Q4						**Medium**	High
	• All appropriate marketing material bilingual Q4						**High**	High
	• 4 Overseas Nurses fully onboarded Q2 - 3						**High**	High
	• Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3 - 4						**Medium**	High
Variable Pay Reduction	• Reduce on and off contract agency spend by increasing Bank shift take up rates as well as successful recruitment and retention activities to increase those on the Bank Q4						**Medium**	Medium
	• Incentivise Bank take up with more flexible arrangements for accessing wages Q1 - 2		Green				**High**	High
Education and Role Development	• Develop Aspiring Nurse Programme with Health Education and Improvement Wales and Bangor University by year end Q4						**Medium**	High
	• Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year Q4						**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)

Strategic Priority 16 – A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track with high levels of confidence against each milestone for delivery by year end. Although not included within the Integrated Plan, the Executive Committee has approved a new suite of salary sacrifice schemes which will be rolled out for staff in Qtr 2. Casework for the past 2 years has been reviewed and analysed to identify opportunities to avoid harm through their application of workforce policies together with the development of a revised escalation process and a robust initial assessment. Workshops have been set up with staff side in Qtr 2 to discuss and explore further opportunities to enhance the understanding and application of workforce policies. The whole of Women and Childrens services have undertaken a Team Climate survey with 134 responses received (approximately 50% of the workforce). Further work is being undertaken to support the service understand their results and develop supportive actions. The triangulation of the team climate survey results with other workforce data is being explored to develop a comprehensive picture of the workforce opportunities and challenges for the services.
- Promotion of the Health and Care Academy facilities, including simulation space, is continuing. Visits have been undertaken by neighbouring health boards and social care colleagues, along with the Haygarth General Practice.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Mills,Belinda 30/08/2023 08:49:32	• Promotion and utilisation of outputs of National Staff Survey Q1 - 4	DWOD	Green				**Medium**	High

Temperature Checks and Analytics Capability	• Conduct Team Climate Survey (targeting one service area per quarter) Q1 - 4		Green				**High**	High
	• Develop team health metrics; apply by year end						**High**	High
	• Review and relaunch Chat 2 Change Q3 – 4						**High**	High
Leadership Development	• Design and deliver a two-tiered Clinical Leadership Programme Q2 - 3						**Medium**	Medium
	• Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4						**High**	High
Professional Development	• Promote and increase self-sufficient use of simulation space in Health & Care Academy Q1 - 4		Green				**Medium**	Medium
Employee Support	• Achieve Employers for Carers accreditation, identifying and offering signposting Q4						**High**	High
	• Adopt All Wales approach to 'Speaking Up Safely' about concerns or issues by end of year Q1 - 4		Green				**High**	High
	• Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on 'stay' interviews Q3 - 4						**High**	High
	• Workforce Policies Caseload review; social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, workshops Q2 - 3						**High**	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

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Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)

Strategic Priority 17 – Employee Health and Wellbeing

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Good progress has been made and all milestones for the quarter are on track. The Gold Corporate Health Standard was awarded to PTHB for a further year. However, the current award scheme will close, and Healthy Working Wales will provide an ongoing suite of wellbeing offers for organisations. The final round of the Staff Wellbeing Roadshow was held in Machynlleth in June with 270 staff members attending across all locations throughout the year. The final evaluation and feedback on the events are currently being collated. A schedule from September, for the next round of visits, is being put in place.
- Two new staff networks have been established for Black, Asian and Minority Ethnic and LGBTQ+ staff respectively; the pre-existing Neurodiversity network has also been invigorated and now holds biweekly meetings. The Anti-Racist Action Plan for 2022-23 has been approved and the initial objectives within it are being pursued. A survey for our ethnic minority staff is in development and work is ongoing to source anti-racism training. A Staff Story has been provided to the Board on the subject of the experience of workplace racial prejudice.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Gold Corporate Health Standard	• Regain Gold Corporate Health Standard Q1	DWOD	Blue				**High**	High
	• Create development plan from the feedback received from the reassessment Q1		Blue				**High**	High
Wellbeing Roadshows & Other Events	• Undertake a wellbeing roadshow at each hospital site Q1		Blue				**High**	High
	• Revisit each site by year end						**High**	High

	• 2 Outdoor Events per month for up to 20 participants Q2 – 3						Medium	Medium
Occupational Health	• Implement the new all-Wales Occupational Health Management System Q4						High	High
Employee Assistance Programme (EAP)	• Increase usage of the Employee Assistance Programme platform by 40% Q4						Medium	Medium
Anti-Racist Action Plan	• Establish staff networks Q1 - 2		Green				Medium	Medium
	• Implement PTHB Anti-Racist Plan Q1 - 4		Green				High	High
	• Ensure Equality Impact Assessment for all policy revision or renewal Q4						High	High
Mentoring	• Set out mentoring and reverse mentoring plan, with each Executive and Deputy matched with staff / volunteers Q4						High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)		

Strategic Priority 18 – Joint Workforce Futures Programme

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

Good progress has been made and all milestones for Q1 are on track. Academy Careers Education Enterprise Scheme (ACEES) progressing at pace with support from social care and education colleagues. A detailed implementation plan has been developed in partnership with 10 secondary schools and Further Education providers. The Health and Social Care schools training programme is being incorporated into ACEES. 7 schools and one FE provider have confirmed interest in this more intensive experience for learners undertaking a level 3 health and social care qualification or science A levels. An 'experience and wellbeing' survey issued across the partnership. The survey asked a range of questions such as: staffs' engagement with

their organisation, their general wellbeing, work environment, stress levels, career development, staff voice, workload and changes they would implement to improve staff wellbeing. Analysis to be undertaken in early part of Q2 to inform development of RPB action plan to improve wellbeing and engagement across the sector by Q4. Workforce Futures Programme Board approved a further cohort to be included in the pilot phase of the Joint Induction. In Q1 a social care professional was recruited into the team and cohort 3 delivered. A total of 20 participants (spanning social care, nursing and therapies support workers) have completed the Joint Induction in 3 cohorts. The ability to recruit staff has resulted in low numbers of participants. Early findings of the pilot evaluation were reported to Programme Board on 03.07.23. The timing of future cohorts is to be confirmed due to changes in national workbook by HEIW and Social Care Wales.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Designing, Planning and Attracting the Workforce	• Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people Q4	DWOD					**High**	High
	• Upscale the Health and Social Care Schools training programme to two further schools Q4						**High**	High
	• Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4						**High**	High
Leading the Workforce	• Compassionate Leadership Programme trial Q2						**Medium**	Low
	• Rollout 4 a month (12 per cohort) Q4						**Medium**	Medium
Engagement and Wellbeing	• Understand the lived experience of the workforce Q2, Q4						**Medium**	High
	• RPB action plan to improve wellbeing and engagement across the sector Q4						**High**	High
Education Training and Development	• After an initial pilot, deliver one joint induction programme per month by year end Q1 - 4		Green				**Medium**	Medium

	• Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4						Medium	Medium
Partnership and Citizenship	• Carers strategic framework by year end to increase support to paid and unpaid carers Q4						High	High
	• Increased volunteering opportunities Q4						High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)		

Digital First

Strategic Priority 19 – Digital Strategic Framework

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter: N/A

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**

Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients	• Develop and agree the Digital Strategic Framework to prioritise delivery Q2	DoFIT					High	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	**N/A**	**Change in Timescale**	**N/A**	
Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)			

Strategic Priority 20 – Implement clinical digital systems

Executive Lead – Director of Therapies

Commentary on Progress in this Quarter:

- The Electronic Prescribing and Medicines Administration (ePMA) project is in its pre-implementation phase. Clinical, technical and project management resource have been appointed. Stakeholder engagement has commenced with community hospital teams to ensure requirements are scoped in preparation for implementing ePMA across Powys by mid-2025.
- Regional Information Sharing Platform - Discussions have commenced with Digital Health and Care Wales.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare	• Map functional requirements for service areas Q2	DoTH					**High**	Medium
	• Assessment, review and gap analysis of all clinical applications to rationalise and avoid duplication Q3						**Medium**	Medium
	• Support secondary care information flow into commissioned NHS Trusts in England Q4						**Medium**	Medium
	• Implement standardised processes using policy, SOPS and staff training and support Q2 - 4						**High**	Medium
	• Support national digital system implementations e.g. Regional Imaging Sharing Platform, Electronic Prescribing and Medicines Administration Q1 - 4		Green				**Medium**	Medium
	• Health Pathways implementation - scoping Q1 - 2		Red				**Medium**	Medium
	• Health Pathways - recruiting, implementing Q2 - 3						**Medium**	Low

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Claire Madsen (Director of Therapies)		

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Strategic Priority 21 – Resilient, Cybersecure Infrastructure

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter:

- Upgrade Network/Cabling/Wi-Fi – Due to local estates limitation, there is a risk around hazardous material and asbestos in ward areas. Additional capital funding has been requested to support work. Small, localised improvements have taken place, but further work dependent on WG DPIF funding.
- Full Telephony upgrade – Tentatively awarded capital funded from Welsh Government Digital Priorities Innovation Fund subject to Health Minister approval, and PTHB identifies revenue funding. Looking to commence procurement process during Q2.
- Network resilience – Work to implement Cyber Security controls and network segmentation has commenced in Bronllys which is the main hospital network site and most complex of sites.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Deliver a resilient, cyber secure infrastructure within the PTHB buildings	• Upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity. Pace of delivery subject to additional funding Q1 - 4	DoFIT	Amber				**Medium**	Medium
	• Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording The pace of delivery will be subject to availability of additional funding Q1 - 4		Amber				**Medium**	Medium
	• Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans Q1 - 4		Green				**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	

Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)

Strategic Priority 22 – Electronic Document Management and Digitisation

Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter: The business case is being re-evaluated to determine if there are existing systems that can offer a document management solution within the current NHS Wales infrastructure.

Commentary on red rated actions: Funding request was returned by Welsh Government and so alternative options are being investigated.

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Develop and implement electronic document management policies and processes, digitalisation of paper records	Pace of delivery will be subject to availability of additional funding Q1 – 4	DoFIT	Red				**Medium**	Low

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	N/A	Change in Timescale	✓

Alternative solutions are being investigated due to the cost of procuring an electronic document management system.

Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)

Strategic Priority 23 – Modernise Data Architecture and Business Intelligence

Executive Lead – Director of Finance and I.T. /Director of Performance and Commissioning

Commentary on Progress in this Quarter: The local platform has been built and is now live ready to support Powys wide projects when/if the need arises. Patient Reported Outcome Measures (PROMS) work is reliant on national framework competition which is due to complete August 2023. Integrated Performance Framework (IPF) support is ready once metrics have been confirmed by the health boards performance team.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Provide a modern data architecture and improved business intelligence and knowledge for informed decision making	• Creation of Health & Care Data Platform Q3	DoFIT/ DPC					**Medium**	Low
	• Explore opportunities Robotic Automation (RPA) to release administrative time Q2						**Medium**	High
	• Workforce collaboration to make the best use of the workforce resource data available Q2						**Medium**	Medium
	• Explore and develop the platforms to support PROMS, PREMS and the Integrated Performance Framework Q1 - 4		Amber				**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Pete Hopgood (Director of Finance and IT)

	Stephen Powell (Director of Performance and Commissioning)

Innovative Environments

Strategic Priority 24 – Capital and Estates Programme

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter: All Q1 measures on track.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Delivery of major capital programmes including:	• Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development – Business Justification Case; work to commence Q1 - 3	ADoECP	Green				**High**	High
	• Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth Q1 - 4		Green				**High**	High
	• Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2						**Medium**	Medium
	• Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 - 4						**Medium**	Low
Delivery of Estates Strategy including:	• Develop and agree an Estates Strategy to prioritise delivery Q2						**Medium**	Medium

	• Delivery of urgent compliance capital projects including EFAB (Estates Funding Advisory Board) schemes, focussing on essential improvements to infrastructure, fire safety and decarbonisation Q1 - 4		Green				High	High
	• Delivery of Regional Partnership Boards (RPB) Innovative Environments Capital Plan in support of the RPB Area Plan Q2						Medium	High
	• Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services Q4						High	High
Implementation of 'Soft' Facilities Management	• Cleaning Standards review Q1		Green				Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Wayne Tannahill (Assistant Director of Estates, Capital and Property)		

Strategic Priority 25 – Environmental Management and Decarbonisation

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter: All Q1 measures completed.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act Delivery of energy efficiency improvements	• Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1	ADoECP	Blue				**High**	High
	• Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3						**High**	High
	• Commence Re:fit programme of works activity Q4						**High**	High
Decarbonisation including ambition for Net Zero by 2030 across public sector including	• Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3						**Medium**	Low
	• Quarterly tracking and internal reporting to Environment & Sustainability Group against 46 Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan Q1 - 4		Blue				**High**	High
	• Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3						**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Wayne Tannahill (Assistant Director of Estates, Capital and Property)

Transforming in Partnership

Strategic Priority 26a - Corporate Governance

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter:
Work against all milestones is underway and currently on target as planned.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Delivery of the Annual Programme of Governance and Corporate Business Plan Further improve the effectiveness of the Board and its committees	• Reviewing and recreating a revised Board Assurance Framework (design, delivery) Q2 - 4	DCG					**High**	High
	• Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register Q1 - 4		Green				**High**	High
	• Further improving the quality of information to the Board and its Committees Q1 - 4		Green				**High**	High
	• Design and Delivery of a Board Development programme that underpins the High Performing Board programme Q1 - 4		Green				**High**	High
	• Reviewing the Board's Advisory Structure and implementing relevant changes Q1 - 2		Green				**Medium**	Medium

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	**N/A**	**Change in Timescale**	**N/A**

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Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

Strategic Priority 26b - Quality Governance

Executive Lead – Director of Nursing and Midwifery

Commentary on Progress in this Quarter:

- Implementation has been supported by an executive led implementation board (internal) during Q1 along with health board representation at national implementation sub committees and board structures.
- Ongoing monitoring will be assured through health board implementation board structure.
- National resource has been utilised to support the Duty of Candour implementation along with local documents to support teams with the practicalities of both Duty of Candour and Duty of Quality.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)	• Continue implementation of PTHB's Duty of quality and Duty of Candour Implementation Plan Q1	DoNM	Blue				**High**	High
	• Monitoring of the actions aligned to the implementation plan Q2						**High**	High
	• PTHB governance framework aligned to Duty of Quality, completion of the Implementation plan Q3						**High**	High
	• Production of annual report aligned to Duty of Candour. Continued monitoring of the Quality Management System Q4						**High**	High

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Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Claire Roche (Director of Nursing and Midwifery)		

Strategic Priority 27 – Engagement and Communication

Executive Lead – Director of Corporate Governance

Commentary on Progress in this Quarter:

- Key achievements during the quarter include conclusion of analysis following engagement on the application from Crickhowell Group Practice to close Belmont Branch Surgery in Gilwern with presentation to Board for decision in May 2023. Work is also continuing in establishing new working arrangements with the new Llais citizen voice body, and the engagement capacity and capability within the health board is being strengthened with the appointment of an Engagement Manager who is due to commence in post in Q2.
- The PTHB Staff Excellence Awards were re-launched in Q1 with planning under way for a celebration event in October 2023. A further communication focus during Q1 has been planning for NHS75 activities in partnership with the Powys Health Charity, with special events commencing at the end of Q1 and continuing into Q2.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Design and delivery of a programme of marketing and communications	• Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks Q1 – 4	DCG	Green				High	High

Design and delivery of a programme of continuous and/or targeted engagement	• Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance / Citizen Voice Body Q1 – 4		Green					Medium	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)

Strategic Priority 28 – Strategic Commissioning

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Commissioning Intentions developed January 2023 – to be factored in to Commissioning Quality Performance Review meetings.
- Getting It Right First Time recommendations – standing agenda item at CQPR meetings seeking assurance from commissioned service providers on implementation of the recommendations.
- Analysis undertaken of commissioned service provider waiting lists, by provider and by specialty. Further work to be undertaken, as part of the Integrated Performance Framework, to analyse demand, capacity, activity against contract, and provider trajectories to deliver NHS Wales and NHS England Referral To Treatment targets.
- Through the Integrated Performance Framework, it is proposed that a Performance and Engagement Workstream is established to provide a mechanism to oversee performance of PTHB provider services. The CQPR meetings continue with commissioned service providers. It is proposed that the Integrated Commissioning Assurance Meeting (ICAM) is being repurposed to establish a Commissioned Services Board with representatives from commissioning, performance, finance, quality and safety, workforce, information, operational colleagues and medicines management to consider and review key information relating to each commissioned service provider across England and Wales to feed into the Health Board Integrated Performance Report and the CQPR meetings.
- Commissioned Services financial plan – ongoing to determine opportunities to deliver savings against commissioned services budgets including repatriation of high volume, low complexity activity from commissioned service providers that could be provided in PTHB.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Strategic Commissioning	• Develop commissioning intentions and manage any in year adjustments Q1 - 2	DPC	Amber				**High**	Medium
	• Implementation of Getting It Right First Time (GIRFT) recommendations Q1 - 4		Green				**Medium**	Medium
	• Refinement of baseline activity against contract and targets Q1 - Q4		Green				**High**	High
	• Develop external and internal commissioner / provider relationship Q1 - 4		Green				**High**	High
	• Review sustainability of secondary care in-reach provision Q2						**Medium**	Medium
	• Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken Q2						**High**	High
	• Deliver commissioned services financial savings plan Q1 - 4		Amber				**Low**	Low
	• Review of Service level Agreements (SLAs) with third sector organisations Q2 - 3						**Medium**	High

Formal change request (Please tick as applicable and provide explanation below)

Change in Scope	**N/A**	**Change in Timescale**	**N/A**

Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)

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Strategic Priority 29 – Integrated Performance

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Performance and Commissioning team continues to lead the development of the performance reporting process and production of relevant data 'packs' for the IQPD (Integrated Quality, Planning and Delivery) and Joint Executive Team meetings.
- Annual performance report completed.
- Integrated Performance Framework embedded as an approach within the CQPR process with commissioned service providers. Work ongoing and will continue during the financial year to further embed and provide assurance through the Health Board Integrated Performance Report.
- Process of performance monitoring and management continues through CQPR process in accordance with the Integrated Performance Framework. It is proposed that a Commissioned Services Board be established to further improve this process as well as ensuring increased focus on quality metrics to provide feedback and assurance through the Integrated Performance Framework.
- Performance Escalation and Exception reporting developed through the Health Board Integrated Performance Report.
- Remedial Action Plan template developed as part of the Integrated Performance Framework to be implemented in Q2.

Commentary on red rated actions:

Implementation of remedial action plan not achieved in Q1, but will be in Q2.

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Integrated Performance	• Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) Q1 - 4	DPC	Green				**High**	High
	• Preparation and delivery and production of annual report Q1		Blue				**High**	High
	• Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers Q1 - 4		Green				**High**	High
	• Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) Q1 - 4		Green				**High**	High

	• Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) Q1 - 4		Amber				High	Select
	• Implement and rollout the Integrated Performance Framework from both a governance and system perspective for all commissioned services. (As per Implementation plan) Q1 - 2		Green				High	High
	• Develop Demand & Capacity Model Q1		Amber				High	High
	• Roll out use of Demand & Capacity Model Q1 - 3		Amber				High	Medium
	• Develop Performance Escalation and Exception reporting Q1		Blue				High	High
	• Implement Remedial Action Plan regime for services failing targets Q1		Red				High	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)		

Strategic Priority 30 - Strategic Planning

Executive Lead – Director of Therapies

Commentary on Progress in this Quarter: Additional information on the Integrated Plan was submitted to Welsh Government at the end of May 2023; the formal response from Welsh Government has not yet been received. Horizon scanning of strategic changes is increasingly complex, however the Stocktake process has been successfully delivered in Q1. The key Powys Partnership plans have also been finalised in Q1.

Commentary on red rated actions: N/A

Progress against key actions and milestones								
Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Strategic Planning	• Development of the Integrated Plan for the organisation: co-ordinating internal and external processes and providing support and guidance to teams and Directorates Q3 - 4	DoTH					**High**	High
	• Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2						**High**	High
	• Management of monitoring of progress against plan Q1 - 4		Green				**High**	High
	• Leading Strategic Change horizon scanning, surveillance, tracking and production of management information Q1 - 4		Green				**High**	High
	• Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan Q1 - 4		Green				**High**	High
	• Delivery of Planning module of PTHB Managers Training Q1 - 4		Green				**High**	High
	• Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes Q1 - 4		Green				**High**	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	**N/A**	**Change in Timescale**	**N/A**

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Executive Director Sign Off	Claire Madsen (Director of Therapies)

Strategic Priority 31 – Innovation and Improvement

Executive Lead – Medical Director

Commentary on Progress in this Quarter:

- We continue to make progress in these areas. In May 2023 we facilitated the Powys Eco System Event which saw over 40 key partners from across academia, industry and the wider eco system visiting the Health & Care Academy. The event allowed us to explain the challenges and opportunities that we have within Powys and to explore how we might work together with the wider eco system to solve some of these.
- We have been actively supporting and engaging with the Safer Care Collaborative and supporting staff working on projects to be part of this systemwide Quality Improvement.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Innovation and Improvement	• Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model Q2 - 4	MD					**High**	High
	• Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2						**High**	High
	• Develop School of Research Innovation and Improvement activity, launch of Fund, suite of tools and training, embed community of practice Q1 – 3		Green				**High**	High

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	• Embed Quality Improvement approach Q1 – 4		Green				High	High
	• Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle Q3						High	High
	• Develop research participation and Powys led studies with academic and industry engagement; Cascade learning Q1 - 2		Green				High	High

Formal change request (Please tick as applicable and provide explanation below)				
Change in Scope	✓	**Change in Timescale**	**N/A**	

"Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2" This needs to be amended to read '*Provide Quality Improvement support to the IHI / Improvement Cymru Safer Care collaborative'*. The WAST element did not proceed but we are supporting several initiatives as part of Powys' involvement within the Safer Care Collaborative.

Executive Director Sign Off	Kate Wright (Medical Director)

Strategic Priority 32 - Strategic Equalities and Welsh Language

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Progress continues on all the objectives in this area. The Welsh Language in the Workforce Policy (79) has been drafted and will be approved during July 2023; work is underway on the initial consultation elements of the Strategic Equality Plan and Standard 110 plans. The local Anti-Racist action plan has been approved and several actions within have been met; all are on target. The Welsh language service leads group continues to meet; and the response to the Welsh language Audit is on track.
- Work on Trans Awareness training has been delayed by other priorities including an investigation by the Welsh language Commissioner, however this should still be delivered by year end.
- NB: Corporate responsibility for Patient Stories has been moved to Quality and Safety team.

Commentary on red rated actions: N/A

Progress against key actions and milestones									
Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment*	
			Q1	**Q2**	**Q3**	**Q4**	**Initial**	**Current**
Delivery of Strategic Equality Plan and Welsh Language Standards:	• Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan Q1 - 4	DWOD	Green				**High**	High
	• Roll out Trans Awareness training for Staff Q1 - 2		Amber				**High**	High
	• Deliver Patient Stories project Q1 – 4	DoNM	Green				**TBC**	Medium
	• Consultation, draft and approval of Strategic Equality Plan (for 2025-29) Q1 - 4	DWOD	Green				**High**	High
	• Welsh Language Standards Audit response Q1 - 2		Green				**High**	High
	• Consultation, draft and approval of Clinical Consultations Plan 2024-28 and More than Just Words Plan Q1 - 4		Green				**High**	High
	• Approve Welsh Language Policy (Standard 79) Q1		Green				**High**	High
	• Welsh Language Service Leads Group to drive improvements Q1 - 4		Green				**High**	High
	• Design of Welsh Language Managers' training and incorporation into Management Training Program Q2 - 3						**High**	High

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	✓	**Change in Timescale**	✓

Please add explanation for change request here

- Request that delivery of patient stories project is moved to 26b – "Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)"
- Delay provision of Gender awareness training until Q3-4.

• Remove Patient Stories project as no longer being delivered in this Directorate.	
Executive Director Sign Off	Debra Wood Lawson (Director of Workforce and Organisational Development)

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.2

Delivery and Performance Committee	**Date of Meeting: 31 August 2023**
Subject:	**Powys Teaching Health Board Integrated Performance Report. Position as at Month 3 2023/24.**
Approved and Presented by:	Director of Planning and Performance
Prepared by:	Performance Manager Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	

PURPOSE:
This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against NHS Wales Performance Framework up until the end of June 2023 (month 3).
RECOMMENDATION(S):
The Committee are asked to DISCUSS and NOTE the content of this report.

Approval/Ratification/Decision	**Discussion**	**Information**
✘	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This report provides the Delivery and Performance Committee with the latest available performance update against the 2023/24 NHS Wales Performance Framework released in June 2023. The data provided within the report remains in new format (which focuses on metrics in escalation/exception) but as a bi-annual report for September Board contains all the applicable NHS Performance Measures. The theme continues to focus those measures of escalation or exception on slides six to fourteen.

As a brief guide to the key differences for the new 2023/24 NHS Performance Framework please look to the below bullets with further detail in the attached excel file.

High level notes

- Now **53** quantitative and **11** qualitative (at this time) measures consisting of;
- **21** new measures
- But reduced overall because of **46** retired measures (including sub metrics) – to note PTHB did not report against all of these as some were acute focused.
- Targets still remain a mixture of over-arching national, and health board submitted trajectories.

The changes are outlined in **Appendix A – NHS Wales Performance Framework comparison 2022/23 vs 2023/24**.

Summary of health board performance for month 3 (June 2023)

In June 2023 (month 3) the health board has key performance challenges for its responsible population, and these remain in key areas of planned and unscheduled care access. The performance of planned care measure compliance has worsened with Therapies and key long wait RTT metrics not meeting health board set trajectories. It should be noted however patients are still receiving quicker pathways when compared to commissioned services in England & Wales.

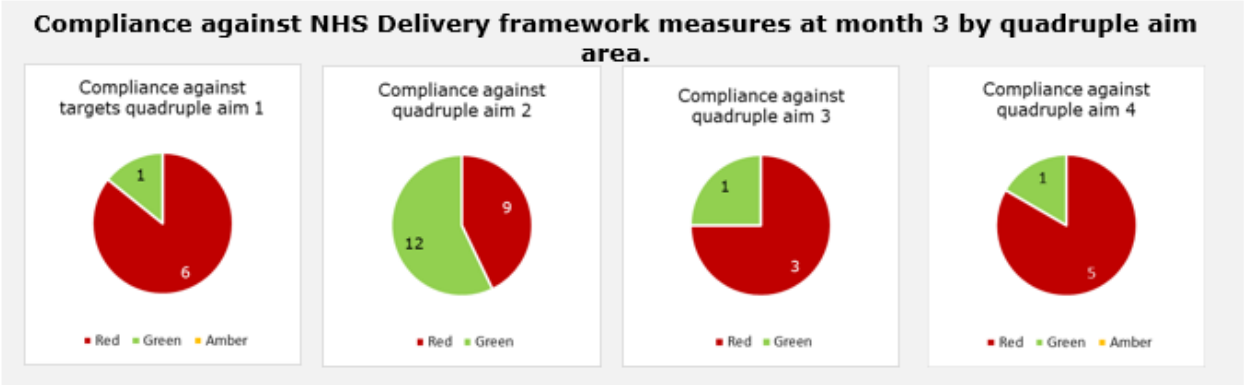
Key challenges for the provider care pathways include significantly fragile in-reach service provision which include financial limitations for in-reach private services, especially in key specialties including General Surgery, and Rheumatology (limited capacity vs increasing demand). Complicit to this is a relatively small, disperse clinical workforce with sickness and vacancy challenges across a large geographical footprint. For provider and commissioned flows reliance on acute centre complex diagnostics including CT, MRI, histology, and pathology have impacted speed of pathway as a result of reported backlog. For the Powys responsible population in Commissioned care geographical in-equity is still present with pathways compliance in key English providers remaining improved over the Welsh provider recovery (some pathways in Wales are still 3+ years e.g., in Trauma & Orthopaedics).

Powys provided cancer pathways remain challenging with median wait times higher than Wales average for first outpatient and some diagnostics specialties (especially where reliant on out-reach diagnostics), and a challenging picture across all commissioned services with variation by geographical provider area and tumour type.

Unscheduled care access has seen some improvement through Q1 with Powys residents achieving higher performance against 4hr and 12hr targets in Wales, however A&E units in England continue to report limited improvement with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows. As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs, and no ambulance handover delays. Another key area of concern is Welsh Ambulance Service NHS Trust (WAST) response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0–8-minute calls. It should be noted that non-compliance for ambulance handovers <1hr is still a significant problem in key main commissioned care providers, especially in Wales.

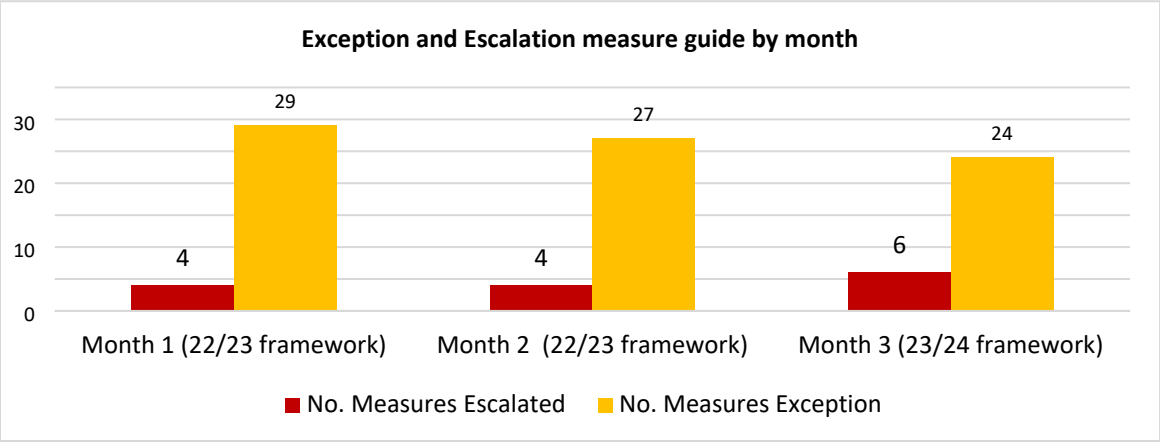
Quadruple aim compliance

Compliance against quadruple aims remains challenging with only aim 2 reporting a positive percentage of measures achieved. As this is the first time the 2023/24 framework and measures have been used no progress over time is yet available.



Escalation & Exception

As part of the Integrated Performance Framework process measures are now highlighted as escalations *(when a performance matter does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.)* or exception *(Referring to a deviation or departure from the normal or expected course of action).* The graph below will be used as a guide showing the number of NHS Performance measures and their Powys status e.g., escalated or exception by update month. It should be noted however that a measure can be raised as an escalation or exception even if performance meets national target. For April (month 1) and May (month 2) the 2022/23 NHS Performance Framework was still in use by the health board.



Ministerial Priorities 2023/24

At the end of March and prior to the release of the 2023/24 NHS Performance Framework (end of June) the health board agreed to provide target trajectories for nine Powys applicable ministerial priority metrics. The health board set challenging targets to drive performance improvement and as at month 3 achieved 55.5% compliance (5 of 9 measures compliant).

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	94	97	101									
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4									
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112									
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0									
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14									
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117									
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265									
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667									
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0									

It should be noted that retrospective changes may be required for the number of patients waiting for a diagnostic due to a data access error with Betsi Cadwaladr UHB radiology for reporting this may result in worse compliance against trajectory.

As part of the health board process to improve performance outcomes any ministerial priority measure not meeting set target is required to be escalated, including completion of a remedial action template for scrutiny, challenge, and support via the Executive group as part of the new integrated performance framework processes.

NEXT STEPS

- Through the Integrated Performance Report Framework, work continues to implement the required process to provide effective challenge, support and scrutiny of both provider and commissioned services, with the aim to improve patient outcomes.

- The Performance Team continues to work closely with commissioned service providers to understand referral demand, demand and capacity gaps, waiting list profiles at specialist level and model robust performance trajectories within the context of the NHS Wales Planning Framework and Ministerial Targets for 2023/24 for Powys provider, English and Welsh commissioned services.

NHS Wales Performance Framework comparrisson 2022/23 vs 2023/24

	Qualitative Measures
	Measures that have continued from 2022/23 to 2023/24
	New measures for 2023/24
	2022/23 Retired Measures

Targets - 2022/23 targets are as at the March 23 snapshot, and 2023/24 display official targets from framework.

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

NHS Performance Framework 2022/23

No.	Abbreviated Measure Name	Ministerial Priority	Target
1	% Achieving Clinically Significant weight loss	✓	Annual improvement
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	✓	Evidence of Improvement
3	% Babies breastfed 10 days old	✓	Annual Improvement
4	% of adults that smoke daily or occasionally	✓	Annual reduction towards 5% prevalence 2030
5	% Attempted to quit smoking	✓	5% annual target
6	Qualitative report - Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy	✓	Evidence of Improvement
7	% diabetics who receive 8 NICE care processes	✓	>=35.2%
8	% Diabetics achieving 3 treatment targets	✓	1% annual increase from 2020-21 baseline (27.2%)
9	Standardised rate of alcohol attributed hospital admissions	✓	4 quarter reduction trend
10	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	✓	4 quarter improvement trend
11	'6 in 1' vaccine by age 1		95%
12	2 doses of the MMR vaccine by age 5		95%
13	Autumn 2022 COVID-19 Booster	✓	75%
14a	Flu Vaccines - 65+		75%
14b	Flu Vaccines - under 65 in risk groups		55%
14c	Flu Vaccines - Pregnant Women		75%
14d	Flu Vaccines - Health Care Workers		60%
15a	Coverage of cancer screening for: cervical		80%
15b	Coverage of cancer screening for: bowel		60%
15c	Coverage of cancer screening for: breast		70%

NHS Performance Framework 2023/24

No.	Abbreviated Measure Name	Ministerial Priority	Target
1	% Attempted to quit smoking		5% annual target
2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend
3	% of children up to date with scheduled vaccinations by age 5		95%
4	% of girls receiving HPV vaccination by age 15		90%
5	Flu Vaccines - 65+		75%
6	% uptake of COVID-19 vaccination for those eligble		75%
7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%
8	% of well babies completing the hearing screening programe within 4 weeks		90%
9	% of eligble newborn babies who have a conclusive bloodspot screening result by day 17		95%
A	Qualitative report detailing implementation of Help Me Quit in Hospital smoking cessation services		Evidence of improvement
B	Qualitative report detailing progress to reduce smoking during pregnancy		Evidence of improvement
C	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway		Evidence of improvement

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

NHS Performance Framework 2022/23

No.	Abbreviated Measure Name	Ministerial Priority	Target
16	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS		100%
17	Number of Urgent Primary Care Centres (UPCC) established	✓	Health Board 6-goals plan
18	Number of new patients (children aged under 18 years) accessing NHS dental services	✓	4 quarter improvement trend
19	Number of new patients (adults aged 18 years and over) accessing NHS dental services	✓	4 quarter improvement trend
20	Number of existing patients accessing NHS dental services	✓	4 quarter improvement trend
21	% 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed		90%
22	Percentage of total conveyances taken to a service other than a Type One Emergency Department	✓	4 quarter improvement trend
24	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	✓	The most recent SSNAP UK national quarterly average
25	MIU % patients who waited <4hr		95%
26	MIU patients who waited +12hrs		0
27	Median time from arrival at an emergency department to triage by a clinician		12 month reduction trend
28	Median time from arrival at an emergency department to assessment by a senior clinical decision maker		12 month reduction trend
29	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours		12 month improvement trend
30	Percentage of stroke patients who receive mechanical thrombectomy		10%
31	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes		65%

NHS Performance Framework 2023/24

No.	Abbreviated Measure Name	Ministerial Priority	Target
10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%
11	% of primary care dental services (GDS) contract value delivered (new,new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24
12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	Improvement trajectory towards a national target reduction by 31/03/24
13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year
14	Assessments <28 days <18	✓	80%
15	Interventions <28 days <18	✓	80%
16	Assessments <28 days 18+	✓	80%
17	Interventions <28 days 18+	✓	80%
18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%
19	Median emergency response time to amber calls	✓	12 month improvement trend
20	Median time from arrival at an emergency department to triage by a clinician	✓	12 month reduction trend
21	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	✓	12 month reduction trend
22	% of patients who spend less than 4 hours in all major & minor emergency care facilitiets from arrival until admission, transfer or discharge	✓	Improvement compared to the same month in 2022-23, towards the national target of 95%
23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	✓	Improvement trajectory towards a national target of 0 by 31/04/24
24	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	✓	Improvement trajectory towards a national target of 80% by 03/2026

No.	Abbreviated Measure Name	Ministerial Priority	Target
32	Number of ambulance patient handovers over 1 hour		0
33	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	✓	12 month reduction trend
34	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	✓	12 month reduction trend
35	Percentage of people assigned a D2RA pathway within 48 hours of admission	✓	4 quarter improvement trend (towards 100%)
36	Percentage of people leaving hospital on a D2RA pathway	✓	4 quarter improvement trend
37	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days		50%
38	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	✓	Improvement trajectory towards a national target of 80% by 2026
39	Number of diagnostic endoscopy breaches 8+ weeks	✓	PTHB set trajectory target zero Mar -23
40	Number of diagnostic breaches 8+ weeks		12 month reduction trend towards 0 by Spring 2024
41	Number of therapy breaches 14+ weeks		12 month reduction trend towards 0 by Spring 2024
42	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB set trajectory target zero Mar -23
43	Number of patient follow-up outpatient appointment delayed by over 100% (unbooked & booked FUPs over 100%)	✓	Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March-21
44	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)		95%
45	RTT patients waiting more than 104 weeks	✓	PTHB set trajectory target zero Mar -23
46	RTT patients waiting more than 36 weeks	✓	PTHB set trajectory target zero Mar -23
47	RTT patients waiting less than 26 weeks	✓	PTHB set trajectory target 95% Mar-23
48	Rate of hospital admissions with any mention of self-harm from children and young people per 1k	✓	Annual Reduction
49	CAMHS % waiting <28 days for first appointment	✓	80%
50	Assessments <28 days <18	✓	80%
51	Interventions <28 days <18	✓	80%
52	% residents with CTP <18	✓	90%
53	Children/Young People neurodevelopmental waits	✓	80%
54	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	✓	Evidence Improvement
55	% adults admitted to a psychiatric hospital 9am-9pm that have a CRHT gate keeping assessment prior to admission	✓	95%
56	% adults admitted without a CRHTS gate keeping assessment that receive a FU assessment within 24hrs of admission	✓	100%
57	Assessments <28 days 18+	✓	80%
58	Interventions <28 days 18+	✓	80%
59	Adult psychological therapy waiting < 26 weeks	✓	80%
60	% residents with CTP 18+	✓	90%
61	Qualitative report detailing progress to improve dementia care	✓	Evidence Improvement
62	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	✓	Evidence Improvement
63	HCAI - Klebsiella sp and Aeruginosa cumulative number	✓	Local
64	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) and C.difficile	✓	
65	% COVID cases within hospital which had a definite hospital onset	✓	Reduction against the same month 2021-22
66	% COVID cases within hospital which had a probable hospital onset	✓	

No.	Abbreviated Measure Name	Ministerial Priority	Target
25	Number of diagnostic breaches 8+ weeks	✓	Improvement trajectory towards a national target of zero by 31 March 2024
26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend
27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	Improvement trajectory towards a national target of 0 by 31/03/24
28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	Improvement trajectory towards a national target of 0
29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	Improvement trajectory towards a national target of 0
30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	Improvement trajectory towards a national target of 0
31	RTT patients waiting more than 104 weeks	✓	Improvement trajectory towards a national target of 0
32	RTT patients waiting more than 52 weeks	✓	Improvement trajectory towards a national target of 0
33	CAMHS % waiting <28 days for first appointment	✓	80%
34	Children/Young People neurodevelopmental waits	✓	80%
35	Adult psychological therapy waiting < 26 weeks	✓	80%
D	Qualitative report providing assurance on GP access improvement		Evidence of improvement
E	Allied Health Professionals accessible and available to clusters by Health Board and Regional Partnership Board footprint		Evidence of improvement
F	Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway		Evidence of improvement
G	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services		Evidence of improvement

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

NHS Performance Framework 2022/23

No.	Abbreviated Measure Name	Ministerial Priority	Target
67	Agency spend as a percentage of the total pay bill	✓	PTHB set trajectory target 8.4% Mar-23
68	(R12) Sickness Absence	✓	PTHB set trajectory target 5.1% Mar-23
69	% staff Welsh language listening/speaking skills level 2 (foundational level) and above	✓	Bi-annual improvement
70	Core Skills Mandatory Training	✓	85%
71	Performance Appraisals (PADR)	✓	85%
72	Staff Engagement Score	✓	Annual Improvement
73	% staff reporting their line manager takes a positive interest in their health & wellbeing	✓	Annual Improvement

NHS Performance Framework 2023/24

No.	Abbreviated Measure Name	Ministerial Priority	Target
36	(R12) Sickness Absence	✓	12 month reduction trend
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20
38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend
39	Performance Appraisals (PADR)	✓	85%
H	Qualitative report detailing progress made in preparation to embed and report against the Workforce Race Equality Standard (WRES) indicators		Evidence of improvement
I	Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives		Evidence of improvement
J	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis		Evidence of improvement

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

NHS Performance Framework 2022/23

No.	Abbreviated Measure Name	Ministerial Priority	Target
74	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	✓	16% Reduction by 2025 Against 21018/19 NHS Wales Baseline
75	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	✓	Evidence Improvement
76	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	✓	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process
77	Qualitative report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	✓	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)
78	Number of risk assessments completed on the Welsh Nursing Clinical Record	✓	4 quarter improvement trend
79	Number of wards using the Welsh Nursing Clinical Record	✓	4 quarter improvement trend

NHS Performance Framework 2023/24

No.	Abbreviated Measure Name	Ministerial Priority	Target
40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months
41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%
42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more
43	No of Pathways of Care delayed discharges	✓	12 month reduction trend
44	% residents with CTP <18	✓	90%
45	% residents with CTP 18+	✓	90%

80	Percentage of episodes clinically coded within one month post discharge end date		Maintain 95% target or demonstrate an improvement trend over 12 months
81	Total antibacterial items per 1,000 STAR-PUs	✓	A quarterly reduction of 5% against a baseline of 2019-20 (215.8)
82	% secondary care antibiotic usage within the WHO access category	✓	55%
83	Number of patients 65+ years prescribed an antipsychotic		Quarter on quarter reduction
84	Opioid average daily quantities per 1,000 patients	✓	4 quarter reduction trend

Operational Measures			
A	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Monthly
B	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	Monthly
C	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Quarterly
D	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement	Quarterly
E	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target	80%	Quarterly
F	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target	80%	Quarterly
G	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Quarterly
H	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Quarter on quarter reduction towards the target of no more than 5%	Monthly

46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement
47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target
48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target
49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target
50	% of Confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 >14 days after admission		Reduction against the same month in 2022/23
51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%
52	No. of ambulance handovers over 1 hour	✓	Improvement trajectory towards achievement of zero ambulance patient handover delays >1 hour by March 2024
53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend
K	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme		Evidence of improvement
L	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes		Evidence of improvement
M	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays		Evidence of improvement
N	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan		Evidence of improvement
O	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities		Evidence of improvement

Powys Teaching Health Board

Integrated Performance Report

Month 3 – Updated 24/08/2023

Select one of the below boxes to navigate to the required section of the report

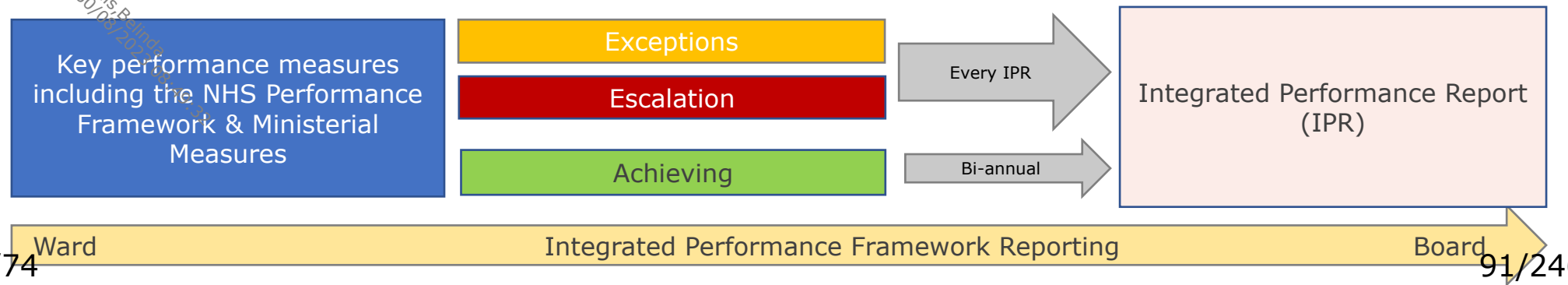
What is the Integrated Performance Report (IPR)

This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.
Criteria of an exception	Criteria for escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its Remedial Action Plan (local plan to improve or maintain performance)
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.



Using statistical process control (SPC)

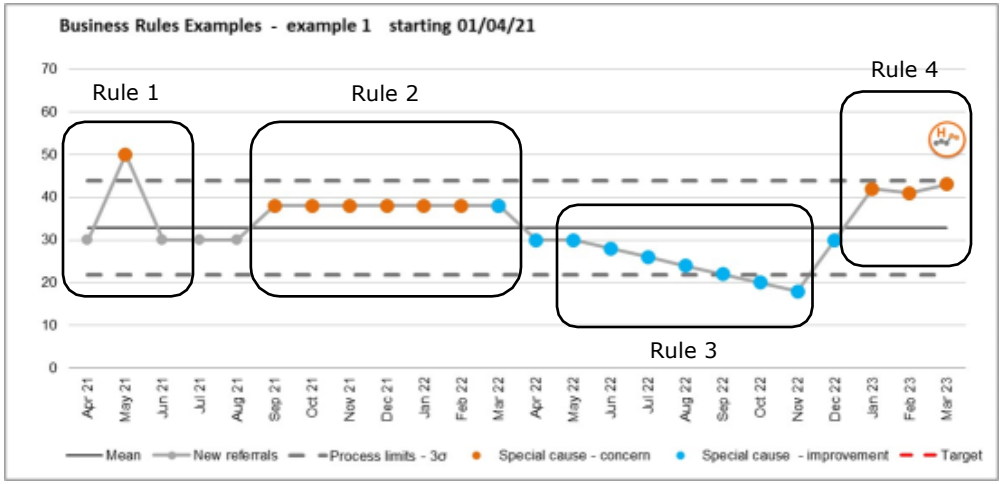
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

Key facts for SPC

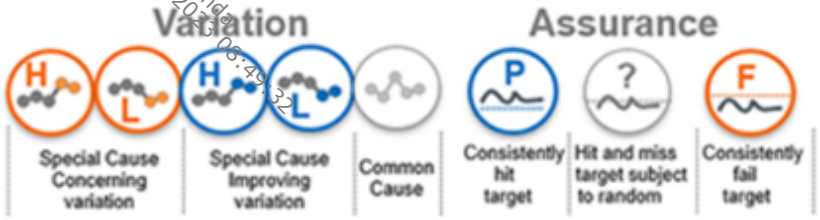
- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



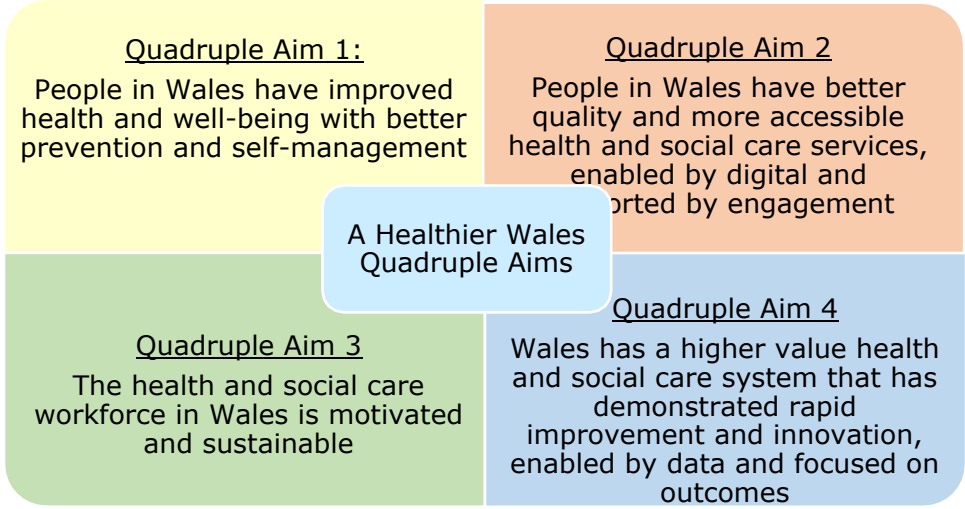
NHS Improvement SPC icons



What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for "A Healthier Wales" outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require health board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.

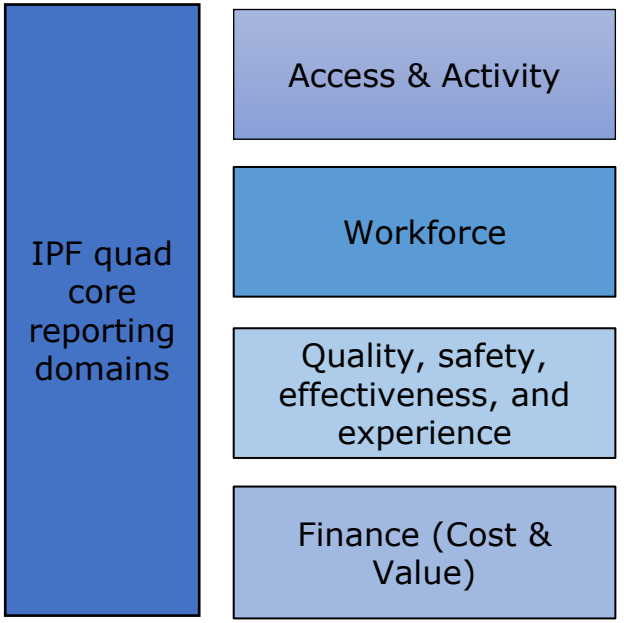


What is the Integrated Performance Framework (IPF) in Powys?

The Integrated Performance Framework (IPF) aims to report holistically at service, directorate or organisation level the performance of the resources deployed, and the outcomes being delivered. Overall performance assessed via intelligence gathered across key domains including activity, finance, workforce, quality, safety, outcomes and performance indicators.

The IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and Ministerial priority trajectories. In the provider Performance and Engagement meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.



Summary of performance at month 3 (June 2023)

This report provides the Executive Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. It should be noted that the IPR format has been revised for September, and as a bi-annual update contains all measures rather than just highlighting areas of escalation and exception as previously.

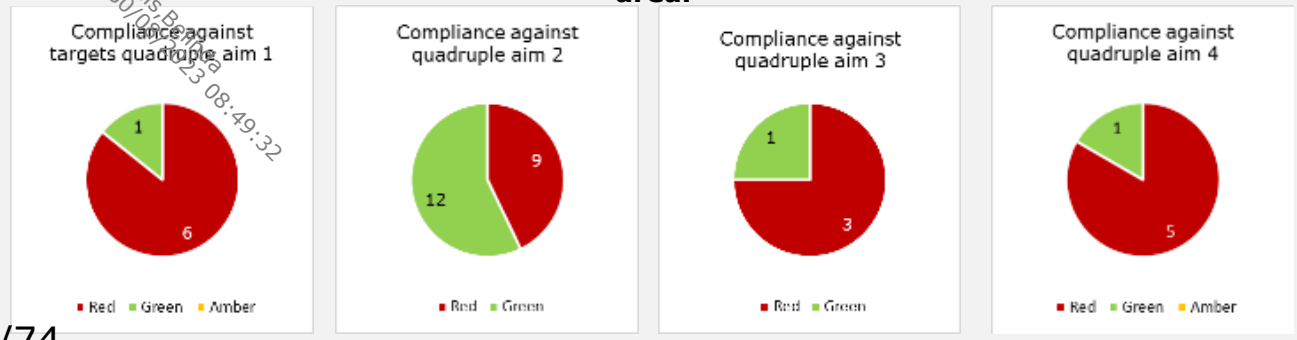
In June 2023 (month 3) the health board has key performance challenges for its responsible population, and these remain in key areas of planned and unscheduled care access. The performance of planned care measure compliance has worsened with Therapies and key long wait RTT metrics not meeting health board set trajectories. It should be noted however patients are still receiving quicker pathways when compared to commissioned services in England & Wales.

Key challenges for the provider care pathways include significantly fragile in-reach service provision which include financial limitations for in-reach private services, especially in key specialties like General Surgery, and Rheumatology (limited capacity vs increasing demand). Complicit to this is a relatively small, disperse clinical workforce with sickness and vacancy challenges across a large geographical footprint. For provider and commissioned flows reliance on acute centre complex diagnostics including CT, MRI, histology, and pathology have impacted speed of pathway as a result of reported backlog. For the Powys responsible population in Commissioned care geographical in-equity is still present with pathways compliance in key English providers remaining improved over the Welsh provider recovery (some pathways in Wales are still 3+ years in Trauma & Orthopaedics).

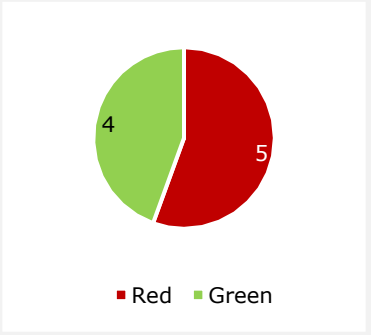
Powys provided cancer pathways remain challenging with median wait times higher than Wales average for first outpatient and some diagnostics specialties (especially where reliant on out-reach diagnostics), and a challenging picture across all commissioned services with variation by geographical provider area and tumour type.

Unscheduled care access has seen some improvement through Q1 with Powys residents achieving higher performance against 4hr and 12hr targets in Wales, however A&E units in England continue to report limited improvement with extreme system flow pressure remaining. In response the health board continues to maximise repatriation of patients to improve acute flows. As a provider of minor injuries access PTHB has reported 99%+ performance and no patients waiting over 12hrs in department, and no ambulance handover delays. Another key area of concern is WAST response and access times for Powys residents where performance remains below the All-Wales average for the most urgent RED 0–8-minute calls, it should be noted that non-compliance for ambulance handovers <1hr is still a significant problem in key main commissioned care providers, especially in Wales.

Compliance against NHS Delivery framework measures at month 3 by quadruple aim area.



Compliance against Ministerial priority trajectories.



Escalated Performance Challenges

GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys | Powys Teaching Health Board

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Jun-23	<151	117	Jan-20		TBC – remedial action plan

Why is this an escalated metric?	Data quality challenge identified as access challenge to RADIS server hosted in Betsi Cadwallader UHB. June snapshot, as provided does not report the total potential breaches, and further local data quality and process issues have resulted in a unknown overall position. Prediction for June due to planned care pressures was that the position would have degraded in key areas.
Key performance drivers	**Key actions to recover**
Key capacity challenges for diagnostics for all specialties including Cardiology, Endoscopy, and Radiology. All specialties are affected by in-reach fragility and increased demand that challenges current capacity.	Key actions include clinical pathway reviews, and validation to cleanse waiting list and improve process. Escalation of capacity shortfall including use of private provision in limited instances and in-reach discussions around strengthened capacity from key acute providers

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
27	Number of therapy breaches 14+ weeks	Jun-23	12 month reduction	265	Dec-21		Mar-24

Why is this an escalated metric?	Therapy performance has been escalated due to the breach challenge within this service. As at June 2023 breaches have decreased to 265. The service has been flagged as fragile and is currently undergoing increased engagement with service leads to improve performance.
Key performance drivers	**Key actions to recover**
Cancellations of clinics at short notice as a result of staff sickness (including COVID) and industrial action in Q4, significant vacancies across key specialties including physiotherapy, dietetics, and audiology. Challenges with core reporting support which is escalated with Digital Transformation (D&T), and waiting list change from December 2022 (D&T process change) which caused a spike in pathways resolved through validation in Q4.	Weekly Heads of Service waiting list meetings. Additional locum to support MSK physiotherapy, and new graduate from August 2023. Caseload reviews across all therapies. Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced. Improvement timeline by sub spec available on main slide

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
28	Number of patients waiting over 52 weeks for a new outpatient appointment	Jun-23	PTHB trajectory of zero	4	Jan-23		TBC – remedial action plan

Why is this an escalated metric?	This measure does not meet the submitted NHS Performance trajectory for June.
Key performance drivers	**Key actions to recover**
Significant capacity challenge, especially in Rheumatology and General Surgery. Without additional NHS or private provider capacity the expectation is of an increasing breach position through 2023/24.	Review of inter provider pathways with in-reach providers for General Surgery. Continued capacity issues flagged and under investigation for resolution with PTHB Commissioning team. Implementation of GIRFT recommendations underway.

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
29	Number of patients waiting more than 36 weeks for a new outpatient appointment	Jun-23	35	112	N/A		TBC – remedial action plan

Why is this an escalated metric?	This is a new Ministerial priority metric for 2023/24 that has not met the PTHB submitted trajectory target of 35 for June, as such it has been flagged in this IPR.
Key performance drivers	**Key actions to recover**
Key challenges for RTT performance include in-reach fragility reducing key capacity, reliance on Commissioned service diagnostics (delays in imaging, histology, and pathology). Staff sickness, and key vacancies also impact performance.	Commissioning led contracting discussions with key in-reach providers around securing robust capacity for provider clinics and day case activity. Patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB. Capacity requirements provided for insourcing consideration corporately Q1 23/24.

Escalated Performance Challenges

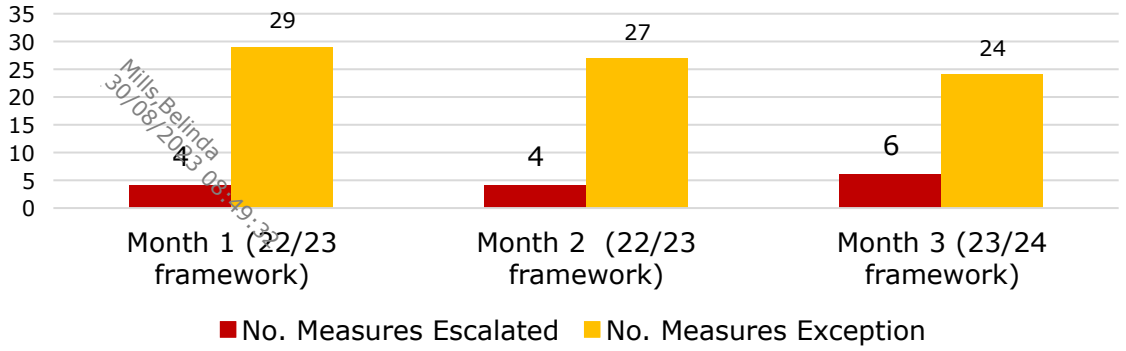
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
30	Patient follow-up (FUP) pathways delayed 100% and over	Jun-23	2000	1667	N/A		Nov-23

Why is this an escalated metric?	
	FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Digital Transformation team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS teams process. To note currently in this document the health board is reporting all pathways both reportable and non reportable (Welsh Government holds PTHB to account on only reportable specialties).
Key performance drivers	**Key actions to recover**
Phase 1 service and performance led validation from Q1 in 2022/23 reduced pathways significantly, however a large cohort of pathways were found to be errors in WPAS or required the intervention of the national digital team. Phase 2 validation from April-23 led on by Digital Transformation has validated and closed circa 45% more of the remaining reportable pathways (predominately errors).	D&T have completed a three stage action plan to reduce the remaining pathways that require validation, this was completed by the end of May 2023. Stage 4 validation has missed the end of June target for completion but remains underway with patient services, local WPAS team and National team. Formal recover trajectory set as part of the ministerial priorities to have no breaches reported by November 2023.

32	Number of patients waiting more than 52 weeks for treatment	Jun-23	10	14	Sep-22		Mar-24

Why is this an escalated metric?	
	This RTT measure has been escalated as it fails to meet the health board submitted ministerial trajectory for June.
Key performance drivers	**Key actions to recover**
Key challenges for RTT performance include in-reach fragility reducing key capacity, reliance on Commissioned service diagnostics (delays in imaging, histology, and pathology). Staff sickness, and key vacancies also impact performance.	Commissioning led contracting discussions with key in-reach providers around securing robust capacity for provider clinics and day case activity. Patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB. Capacity requirements provided for insourcing consideration corporately Q1 23/24.

Exception and Escalation measure guide by month



This graph is a guide showing the number of NHS Performance measures and their Powys status e.g., escalated or exception by update month. It should be noted however that a measure can be raised as an escalation or exception even if performance meets national target. For April (month 1) and May (month 2) the 2022/23 NHS Performance Framework was still in use by the health board.

Exception Reporting - measures not meeting required performance

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 22/23	5% Annual Target	3.15%	Never	N/A	**TBC**
Key performance drivers		**Key actions to recover**					
2022/23 cumulative quit attempts are slightly lower that for 2021/22 but is improved against 2020/21. Changes to recording due to COVID-19.		Health board to enhance the support with offer of Smoking Cessation Advisors to local pharmacies. A communication and engagement plan has been developed to help engagement with targeted communities. Roll out of a GP text messaging project in Q2					
2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q1 22/23	4 quarter reduction trend	62.2%	Q2 22/23	N/A	**TBC**
Key performance drivers		**Key actions to recover**					
Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse e.g., service provides ongoing support not completion.		Retendered contract, with key focus to improve patient outcomes.					
3	Percentage of children up to date with scheduled vaccinations by age 5	Q4 22/23	95%	89.2%	Never	N/A	**Q2 23/24**
Key performance drivers		**Key actions to recover**					
The decrease with uptake by age 5 years during 2022 has been compounded by the pandemic, the returning to business as usual and workforce pressures within primary care		Standard operating procedures (SOPs) have been developed to support primary care clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations					
6	Percentage uptake of COVID-19 vaccination for those eligible	Jun-23	75%	72.4%	N/A	N/A	**Q4 23/24**
Key performance drivers		**Key actions to recover**					
Data on COVID-19 vaccination uptake is sourced from PHW surveillance data which is based on total population, citizens only become eligible for a booster if they complete their primary course. Uptake in those who had completed a primary course was 85.5%		Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the autumn booster campaign. Offering more local clinics to provide better access to vaccination					
7	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	May-23	90%	6.7%	N/A	N/A	**TBC**
Key performance drivers		**Key actions to recover**					
Poor performance linked to the capacity for diagnostic endoscopy across Wales. Target is and has always been very challenging with low compliance across all providers.		Regular meetings between local operational leads and the Public Health led Wales screening team (BSW). Performance reported and reviewed monthly via LTA contract sheets.					
9	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jun-23	95%	94.7%	N/A	N/A	**TBC**
Key performance drivers		**Key actions to recover**					
The data collected includes babies on neonatal units at the time of collection. Small numbers of cases can cause fluctuations in data.		Utilisation of courier service enhancing timely collection and deliveries to non-Powys laboratories. Ongoing engagemnet with Public Health Wales (PHW) to ensure correct provider reporting.					

Exception Reporting - measures not meeting required performance

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
17	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people 18 years and over	Jun-23	80%	62.3%	Never		**TBC**
Key performance drivers				**Key actions to recover**			
Inconsistent data capture across the teams has led to problems with accuracy, these are being resolved. Demand for the service has increased.				Recovery and Development plan confirmed in Spring 2023 and work being implemented to data cleanse and standardise services. Part 1b performance expected to improve but may be temporarily affected by the implementation of the SOP.			
18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Jun-23	65%	43.2%	Feb-21		**TBC**
Key performance drivers				**Key actions to recover**			
Demand for 999 services increasing, handover delays impact the ability of an emergency conveyance to return to patch (be available), and rural geographical challenge for PTHB				All Wales urgent care system escalation calls being held daily (often more than once per day), most Health Board who run acute services have now deployed elements of service resilience, and action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.			
22	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge **– Powys resident view**	Jun-23 Jun-23 Jun-23	Powys – 95% Wales – 95% England – 95%	100% 67.0% 50.2%	N/A	TBC	**TBC**
Key performance drivers				**Key actions to recover**			
Increased demand on services, emergency unit congestion as a result of bed capacity within hospitals especially in high dependency beds.				To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.			
23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – **Powys resident view**	Jun-23 Jun-23 Jun-23	Powys – 0 Wales – 0 England - 0	0 115 249	N/A	N/A	**TBC**
Key performance drivers				**Key actions to recover**			
Narrative as measure 22.				Narrative as measure 22.			

Exception Reporting - measures not meeting required performance

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
26	Percentage of children under 18 waiting 14 weeks or less for a specified AHP	Jun -23	12 month improvement trend	84.7%	Jun-22	N/A	**TBC**
Key performance drivers				**Key actions to recover**			
The service has a large caseload (demand pressures) and unfilled vacancies resulting in capacity challenges to achieve target.				Recruitment plans underway. Focus of the team has shifted to open caseload rather than RTTs however urgent/high priority children are still being seen from the waiting list.			

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
34	Children/Young People neurodevelopmental waits	Jun-23	80%	72.1%	Aug-22		**TBC**
Key performance drivers				**Key actions to recover**			
The average referral rate of 20 per month pre COVID has drastically increased to 54 per month in 2022/23. Capacity remains insufficient to meet this ongoing demand, even with additional temporary Renewal work force colleagues.				During Q4 2022/23, first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position. The above action consequently also increased the 'assessments in progress' waiting list. A business case is in progress, and temporary staff positions have been extended until September 2023.			

Local Measures and Assurance

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
Commissioning measures	Commissioned referral to treatment (RTT) – Powys resident	Combined Latest Performance – May 23	+104 weeks	403	Never	Please look to slide for detail	Commissioner trajectories - unavailable
			52+ weeks	2231			
			+36 weeks	4720			
			< 26 weeks	62.5%			
Commissioned RTT performance does not meet any set targets, please look to the slides for further details.							
Slide 48	Powys provider private dermatology out-reach (RTT)	Jun-23	< 26 week	71.8%	Not reported in 12 months	N/A	**TBC**
			+36 week	61			
Private provider outsource does not meet any set RTT targets in June, please look to the slide for further details.							
Cancer Measures	SCP - Commissioned Cancer Performance (Wales)	Jun-23	75% <62 days for treatment	34%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH - June	zero	5 Breaches	N/A		
		WVT - March		5 breaches	N/A		
	Powys provider downgrade performance – 28 days best practice	June-23	TBC	12.5%	N/A		
Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.							

Exception Reporting - measures not meeting required performance

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Mar-23	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	11.82%	N/A	N/A	**TBC**
Key performance drivers			**Key actions to recover**				
Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology. As a new measure no key themes have yet been identified, please see slide for further detail.			Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. Workforce and OD directorate are working to develop good practice guides to support managers in working to improve retention				
38	Agency spend as a percentage of the total pay bill	Jun-23	12 month reduction trend	9.0%	Apr-23		**TBC**
Key performance drivers			**Key actions to recover**				
Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing and unregistered Nursing and remains an area of focus.			Workforce & Organisational Development (WOD) Team including Temporary Staffing Unit and the Business Partner team are supporting the implementation of the variable pay action plan that has been developed by Primary, Community and Mental Health Services Directorate. Additional recruitment of over sea's nurses currently completing OSCN from April 2023				
39	PADR Compliance	Jun-23	85%	74%	Never		**TBC**
Key performance drivers			**Key actions to recover**				
Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.			WOD Business Partners are discussing PADR compliance at senior management groups within services. Monthly detailed analysis of compliance is shared via Assistant Directors. Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.				

Exception Reporting - measures not meeting required performance

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission	May-23	90%	0%	Never	N/A	**TBC**
Key performance drivers		**Key actions to recover**					
This measure reports 0.0% compliance in May for 5 coded records (this is under investigation as the local team view this as incorrect without further evidence.		The Information and Data Quality Manager is working with colleagues in DHCW to identify the cause of the low performance, which affects a low number of records (5 in April, 3 in May).					

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
42	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Jun-23	17% or more	9.5%	Never	N/A	**TBC**
Key performance drivers		**Key actions to recover**					
No issues currently reported		No issues currently reported					

44	Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan	Jun-23	90%	89%	May-23		**TBC**
Key performance drivers		**Key actions to recover**					
50 of 56 patients had a valid CTP at the end of the month. An additional patient would have achieved compliance and 90% target.		N/A					

45	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Jun-23	90%	80%	Jun-23		**TBC**
Key performance drivers		**Key actions to recover**					
Vacancies and sickness absence continues to impact. Data quality challenge including post submission revisions.		Continuing to advertise recruitment positions. A data cleansing project is soon to be completed reviewing WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.					

Exception Reporting - measures not meeting required performance

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
51	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Jun-23	95%	57.7%			**TBC**
Key performance drivers				**Key actions to recover**			
In-reach fragility impacts available capacity for specialty. Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing and industrial actions in Q4.				MDT lead glaucoma management within planned care and community optometry – service opened Q4 2022/23. Working with WVT & Rural health care academy to formalise training opportunities in DGH.			

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
53	Number of patient safety incidents that remain open 90 days or more	Jun-23	12 month reduction trend	5		N/A	**TBC**
Key performance drivers				**Key actions to recover**			
Data discrepancies recognised and actions being taken by the Health Board to address.				Address data challenges and regular communication with NHS Executive to ensure data is correct.			

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 1** | **Powys as a provider**

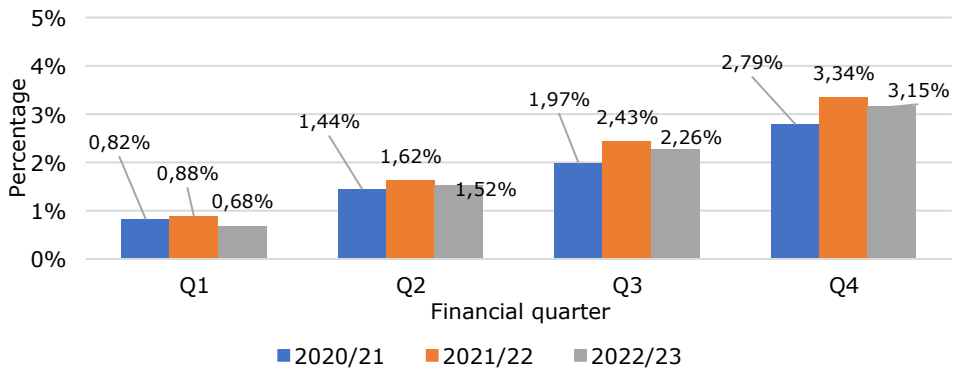
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	2

Latest available	Q4 2022/23		
Reported performance	3.15% cum.	All Wales benchmark	6th (4.17%)
Target	5% cumulative annual target		
Variance	N/A		Exception
Data quality & Source		Welsh Government Performance Scorecard	

Percentage of adult smokers who make a quit attempt



What the data tells us

Note: In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

2022/23 cumulative quit attempts are slightly lower that for 2021/22 but is improved against 2020/21.

Issues

- 81% (18/22) pharmacies are participating in Level 2 (L2), and 59% (13/22) in Level 3 (L3) service. The number of participating pharmacies has increased to similar to pre pandemic levels. Promotion of the service is needed to increase the number of smokers who access support through this route.
- As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit. Service model to reorientated service to provide greater support and increase accessibility in areas of greatest need.
- During Q3 and Q4 period the Smoking Cessation Team experienced staff shortages.

Actions | Recovery by: TBC

- An action plan is being delivered and monitored to overcome challenges faced by pharmacies in delivering L2 and L3 services with the aim of increasing the number of quit attempts.
- The Smoking Cessation Team is commencing the roll-out of a GP Text message project in Quarter 2 to target identified smokers within practice population with offer of support.
- The number of face-to-face clinics is increasing to provide coverage across Powys, with clinics delivered in community venues and some GP Practices.
- A communication and engagement plan has been actioned with aim of increasing level of referrals and numbers of smokers making a quit attempt.
- Clinical Lead for Smoking Cessation has met with wide range of professionals and partner agencies to strengthen referral pathways to Smoking Cessation service

Mitigations

- Work continues to re-orientate services to reach groups in deprived areas.

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 2** | **Powys as a provider**

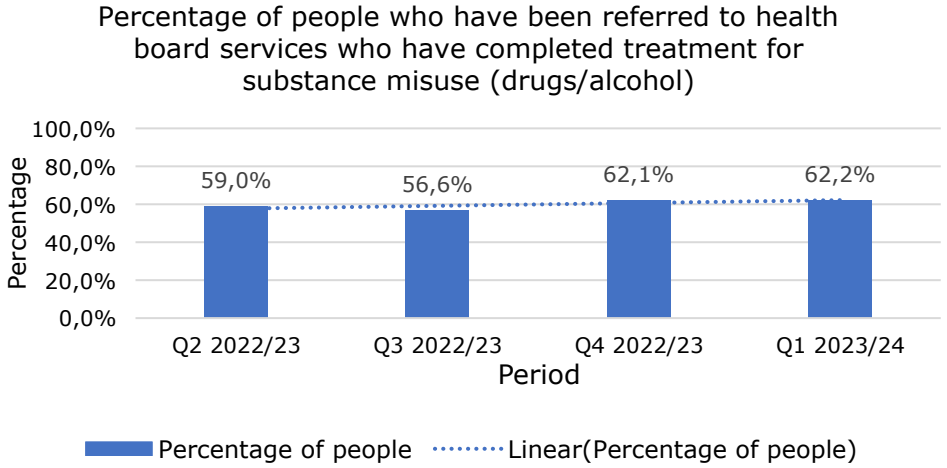
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Substance Misuse – Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	

Latest available	Q1 2023/24		
Reported performance	62.2%	All Wales benchmark	5th (59.6%)
Target	4 quarter improvement trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



Issues

Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.

Actions	Recovery by	TBC

Mitigations

Retendered contract for drugs and alcohol community treatment service completed successfully in Q3 2022/23. This contract emphasis is on client outcomes and holistic support.

What the data tells us

This is a new measure for 2023/24 NHS Performance Framework. The measure aims to treatment services that are delivered by NHS teams and does not include voluntary or local authority services.

Reported performance in Q4 2022/23 has not met the required target of a 4-quarter improvement trend. It should be noted that Q4 22/23 has improved (61.4%) when compared to Q4 21/22 (60.3%).

The health board benchmarks 4th in Wales with an All-Wales position of 64.7%

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 3** | **Powys as a provider**

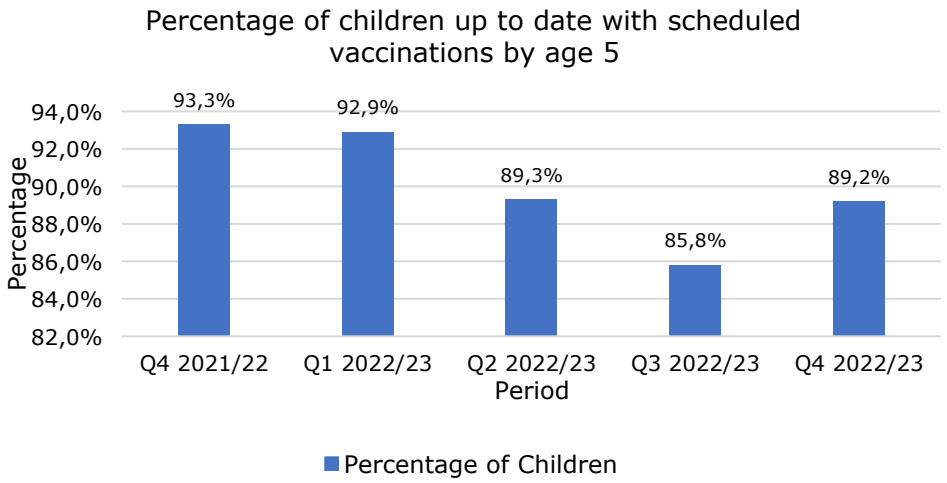
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Vaccinations – Percentage of children up to date with scheduled vaccinations by age 5

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	

Latest available	Q4 2022/23		
Reported performance	89.2%	All Wales benchmark	2nd (88.3%)
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measures for the 2023/24 NHS Performance Framework and replaces the prior 6 in 1 and MMR2 dose vaccination measures.

There has been a steady decline across the year, from 2021 to Q3 23/23, this reflects a national picture.

Although Q4 figures are not at target, it is an improvement on the previous quarter and we're still above the Wales average 88.3%, this is a reflection of the work that's been implemented following the drops seen in Q2 & Q3.

Issues

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices, and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status.
- This decrease with uptake by age 5 years during 2022 has been compounded by the pandemic, the returning to business as usual and workforce pressures within primary care.
- Some practices have queues due to staffing and working pressures resulting in delayed timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.

Actions | Recovery by | Q2 23/24

- Lessons learnt from the Polio/MMR catch up are being implement which include:

Data cleansing
Enhanced monitoring of practice queues lists
Encourage GPs to offer 'other missed' vaccinations
Support Health Visitors to follow up where children have missed their vaccinations.
Reviewing GP immunisation reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations.

- SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations.

Mitigations

- Collaborative work to continue to strengthen relationships between Immunisation Co-ordinator, GP Practices and Immunisation Service to monitor the uptake data, trends and implement actions to mitigate.

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 4** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Vaccinations – Percentage of girls receiving HPV vaccination by age 15

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	

Latest available	
Reported performance	
Target	90%
Variance	
Data quality & Source	

Data for this metric is not currently available but due for release within the Q2 2023/24 Public Health Wales Cover Report.

Issues

Actions | **Recovery by**

Mitigations

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

Rationale - The primary aim of the HPV vaccination programme is to reach the highest level of population protection and vaccine coverage among girls before they reach the age of 15 years by providing at least one dose of the HPV vaccine, irrespective of the schedule. The WHO 2030 target of 90% coverage is needed for the elimination of HPV.

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 5** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Vaccinations – Percentage uptake of the influenza vaccination amongst adults aged 65 years and over

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	

Latest available	
Reported performance	
Target	75%
Variance	
Data quality & Source	

Monthly data will not be available until the new vaccination season and resulting flow of information.

Issues

Actions | **Recovery by**

Mitigations

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

Rationale - Vaccines prevent many infectious diseases. Vaccinating the population with safe and effective COVID-19 and influenza vaccines as part of the Winter Respiratory Vaccination Programme will protect individuals, communities and wider health and social care service.

Healthier Wales Quadruple Aim 1

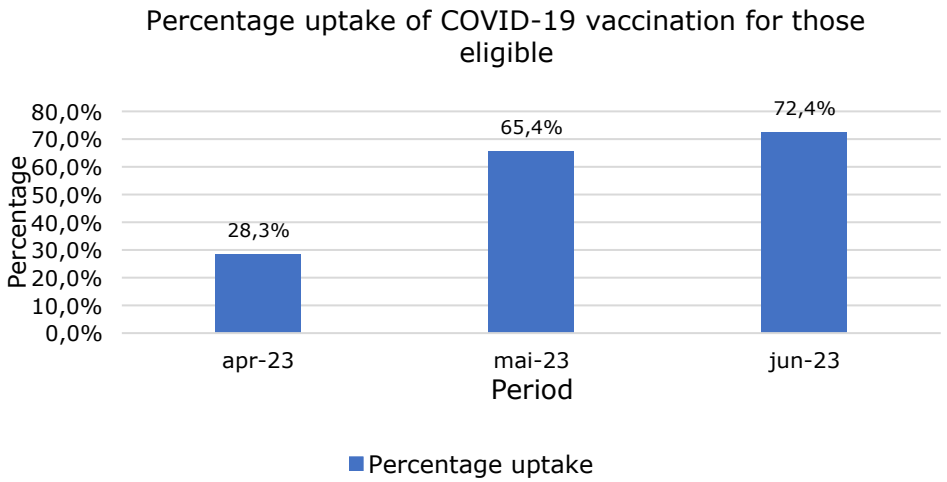
Access & Activity | **NHS Performance Measure – 6** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

Vaccinations – Percentage uptake of COVID-19 vaccination for those eligible

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority	

Latest available	Jun-23		
Reported performance	72.4%	All Wales benchmark	1st (67.1%)
Target	75%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

Powys Teaching health board leads Wales in the vaccination of eligible people for COVID-19. As of June 2023, 72.4% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total population, but citizens only become eligible for a booster vaccination if they have completed their primary course. Uptake in those who had completed a primary course (eligible) was 85.5%.

Issues

- Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total population, but citizens only become eligible for a booster vaccination if they have completed their primary course. Uptake in those who had completed a primary course was 85.5%.
- There was a National delay in carrying out data cleansing exercises for the Immunosuppressed cohorts (delayed from 8th May until 16th June 2023). This led to complexity around invitations for the immunosuppressed groups.
- Vaccination Service underwent an OCP process between February and May 2023, which directly impacted the workforce.
- Service change during the Spring Campaign with the move from 3 centres to 2 centre model with increased outreach clinics in areas of lower uptake.

Actions — Recovery by: Q4 23/24

- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn booster campaign.
- Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
- Ongoing work to support care homes with completing the correct paperwork for vaccination priori to vaccination teams visiting care homes in the Autumn Campaign.
- Offer more local clinics to provide better access to vaccination.
- Supporting GPs to provide COVID vaccination clinics for their patients
- Active offers to citizens who have not completed their primary course during the Autumn campaign to increase the number of citizens in each cohort who will be eligible for a booster vaccination

Mitigations

- Utilising PTHBs community hospitals to offer more regular, local clinics to outlying communities to improve their access to the covid-19 vaccination throughout the duration of the Autumn Campaign.
- Primary course is being reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will allow us to invite a larger proportion of the population for a booster during the Autumn Campaign.

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 7** | **Powys as a provider**

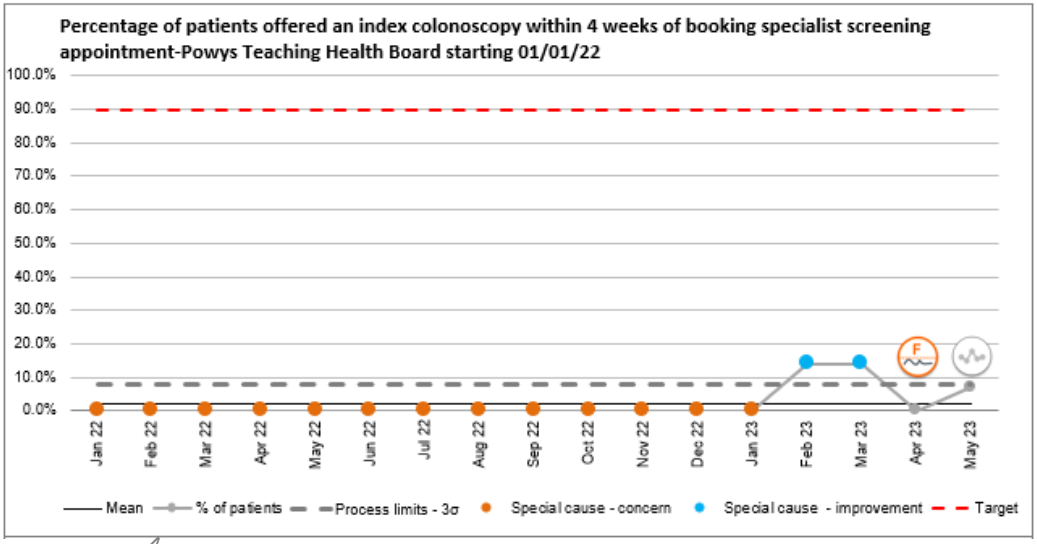
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Screening – Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Officer lead	Senior Manager Planned Care	Strategic priority	

Latest available	May-23		
Reported performance	6.7%	All Wales benchmark	5th (12.4%)
Target	90%		
Variance	Common cause		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for 2023/24 financial year

Powys performance against this measure is very poor reporting 6.7% in May 2023

Issues

- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend screening outside of PTHB including cross border in England.
- Powys is contracted to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.
- No health board in Wales meets required targets.

Actions | Recovery by: TBC

- Regular meetings between local operational leads and the Public Health led Wales screening team (BSW).
- Performance reported and reviewed monthly via LTA contract sheets

Mitigations

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 8** | **Powys as a provider**

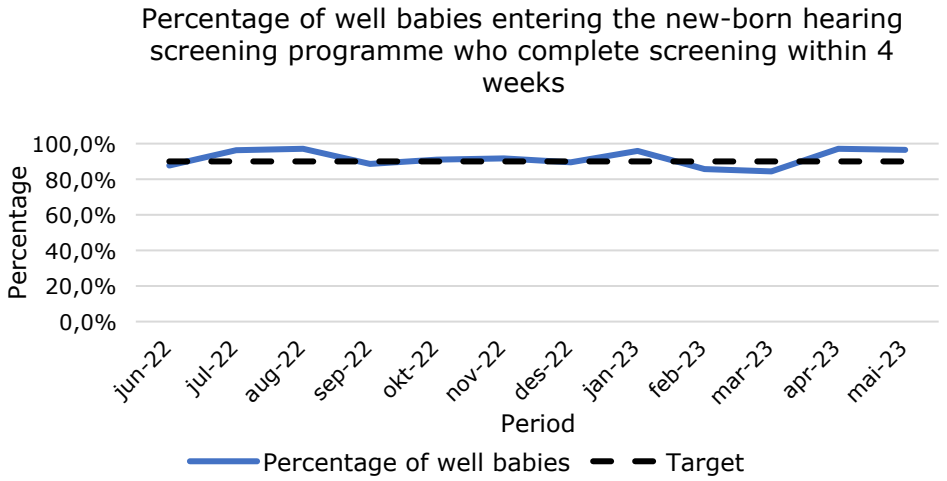
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Screening - Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women's and Children's Services	Strategic priority	

Latest available	May-23		
Reported performance	96.5%	All Wales benchmark	4th (96.9%)
Target	90%		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



Issues

No issues reported

Actions | **Recovery by**

Mitigations

What the data tells us

- This is a new measure for 2023/24 financial year
- Powys performance has met the 90% national target for May reporting 96.5% compliance against the 90% target (ranked 4th in Wales).
- All Wales performance for the May is 96.9%

Healthier Wales Quadruple Aim 1

Access & Activity | **NHS Performance Measure – 9** | **Powys as a provider**

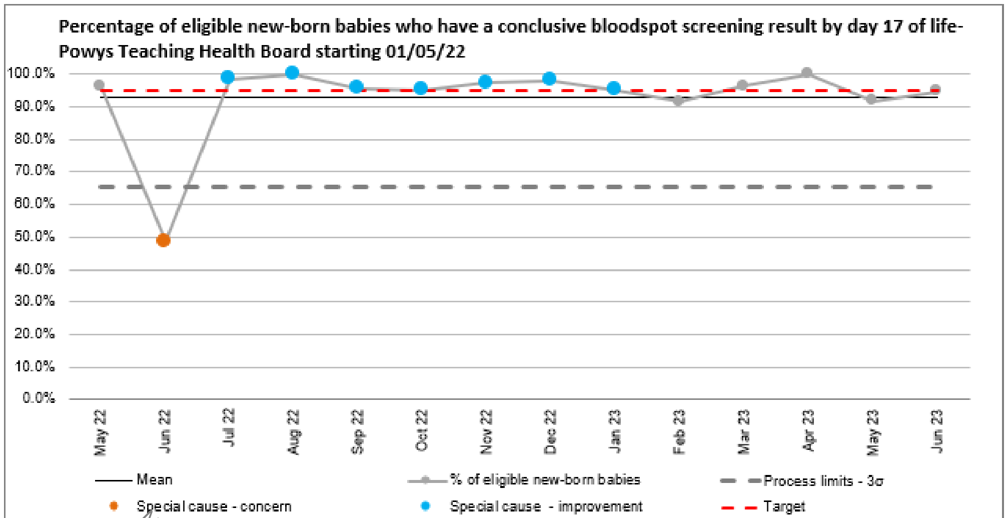
GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys | Powys Teaching Health Board

Screening - Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women's and Children's Services	Strategic priority	

Latest available	Jun-23		
Reported performance	94.7%	All Wales benchmark	6th (95.8%)
Target	95%		
Variance			
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for 2023/24 financial year

Powys Performance reported 94.7% in June against the national target of 95%. The health board ranks poorly reporting 6th in Wales against an All-Wales position of 95.8%. It should be noted that the health board is normally compliant.

Issues

- The data collected includes babies that would have been on neonatal units at the time of collection.
- The data will also include Powys residents that might be cared for by another provider.
- Small numbers of cases can cause fluctuations in data.
- Sample processing time in non-Powys laboratories, and shipment of samples can result in delays beyond target.

Actions

Recovery by TBC

- Utilisation of courier service enhancing timely collection and deliveries to non-Powys laboratories.
- Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency basis (e.g., samples that would be done in an acute setting outside of PTHB control)

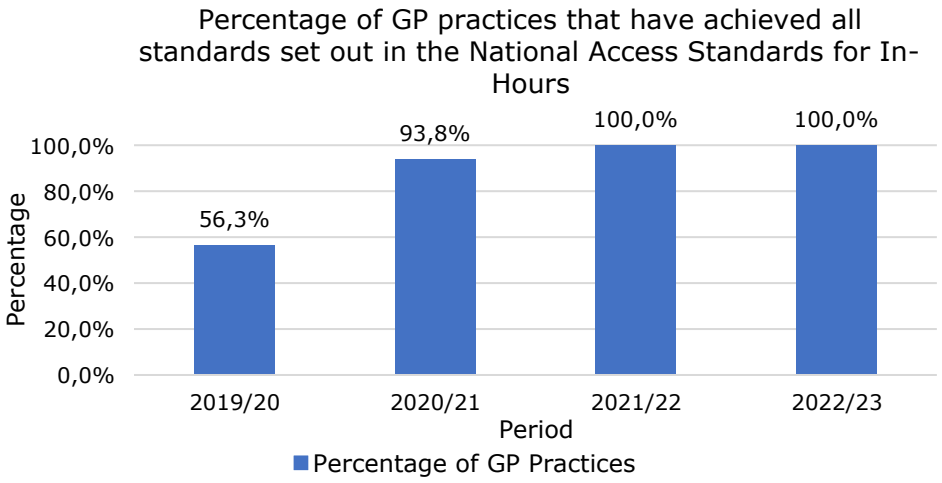
Mitigations

- Courier service improved to transport samples to the laboratory on Monday, Wednesday and Friday to prevent delays through routine postal services.
- The days of collection have been amended since July 2023 to have a more even spread over the week.
- Timely collection of samples (Indicator NBSW-003J) on day 4-6 of life was 95.2% (standard >95%) for the same data period.
- Local consideration of data has suggested that most common days of sample collection are day 4 and 5.

GP Services - Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Assistant Director of Primary Care	Strategic priority	

Latest available	2022/23		
Reported performance	100%	All Wales benchmark	1st (95.5%)
Target	100%		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- 100% of Powys GP practices participate in the National Access Standards
- National Access Standards achievement for 22/23 confirms 100% compliance against all targets

Issues

- No issues to report.

Actions | **Recovery by** | **N/A**

- PTHB Access Forum monitors and reviews compliance with Access Standards – formal quarterly review in place, which feeds into the GMS Commissioning Assurance Framework (CAF) process
- Compliance against open hours and appointment availability regularly monitored by PCD.

Mitigations

- Any raised access concerns are followed up with individual practices.

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 11** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Dental - Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Assistant Director of Primary Care	Strategic priority	

Latest available

Reported performance	New	
	Urgent	
	Historic	
Target	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024	
Variance		
Data quality & Source		

Monthly data is currently unavailable both locally and nationally to report against this measures criteria of new, urgent and historic. Guidance from Welsh Government is that this information should be available from September onwards.

It should be noted that the officer lead has provided current issues, actions and mitigation for this topic.

Issues

16 practices have signed up to Contract Reform (79%). 5 (21%) have chosen to stay with UDA contract delivery.

The end of year 22/23 data has only just been published and shared with contractors. Where applicable, this has included up to a 20% carry forward of underperformance from 22/23 into 23/24. Where this has been applied practices will be required to deliver the 23/24 metrics plus 22/23 underperformance.

Actions

Recovery by **N/A**

Mid-year review meetings will take place in October with all contractors to review contract delivery

Mitigations

- Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.
- Practices with an underperformance value greater than £20k have been requested to submit a business plan regarding contract delivery for 23/24.

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework, currently there is no data available.

Rationale - Majority of oral and dental services are delivered within the primary care (GDS/CDS) setting. Management is based on phased whole courses of treatment, which can take many months to fully complete before the final activity data submitted to NHSBSA. As the optimum outcome measure is based on closure of each treatment course, which requires case review by the NHSBSA, this introduces a lag in accurate GDS data reporting. Approximately 30% of cases are closed by the mid-year activity review (September), which is a proxy for demonstrating and monitoring whether individual dental practices are on trajectory to deliver their full contract value. Focusing on new, urgent and historic patient status is a proxy for patient access. This will assist Health Boards in managing contract performance and support future service planning.

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 12** | **Powys as a provider**

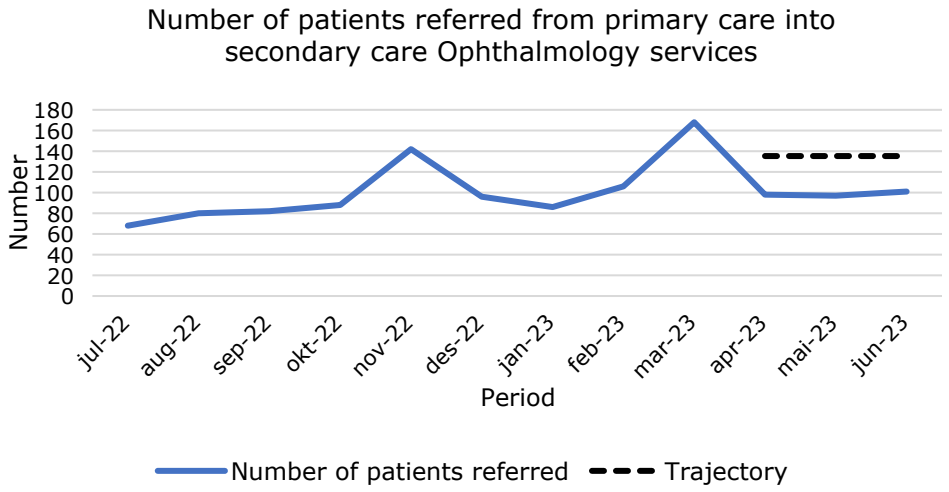
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Ophthalmology - Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	TBC	Strategic priority	

Latest available	Jun-23		
Reported performance	101	All Wales benchmark	*1st (6,173)
Target	PTHB Trajectory – <= 135 (Jun-23)		
Variance			
Data quality & Source		Welsh Government Scorecard	



Issues

No issues reported

Actions | **Recovery by** | **N/A**

Mitigations

What the data tells us

- This is a new measure for 2023/24 NHS Performance Framework. The aim of this measure is to reduce the number of referrals into secondary care departments (hospitals) by utilising optometry in primary care. As a result, it is hoped that the majority of care can be carried out closer to home, whilst hospital eye services can focus on those patients at greatest risk of sight loss.
- PTHB submitted a reduction trajectory for 2023/24 and currently the health board is achieving this with referrals below projected.

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 13** | **Powys as a provider**

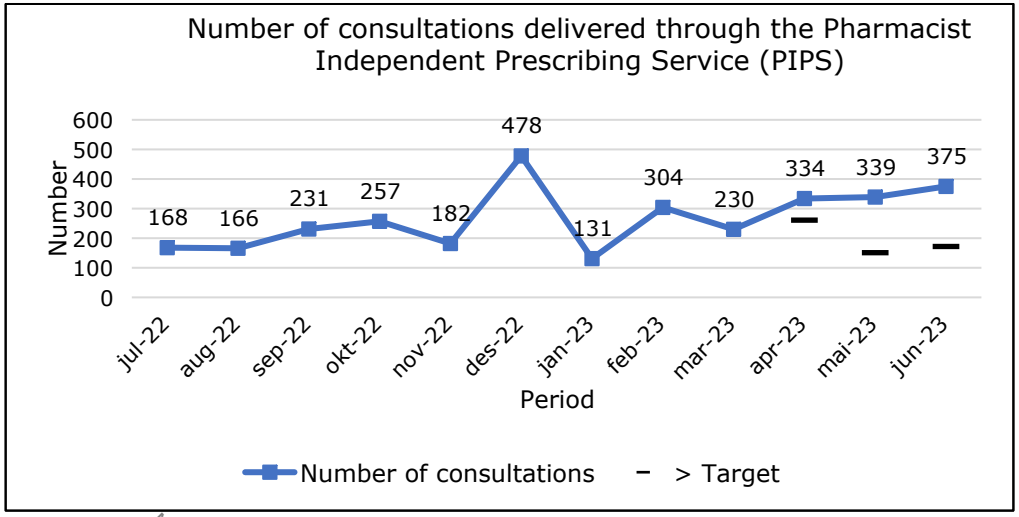
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Prescribing – Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

Executive lead	Medical Director	Officer lead	Chief Pharmacist	Strategic priority	

Latest available	Jun-23		
Reported performance	375	All Wales benchmark	7th (5728)
Target	An increase on the number in the equivalent month in the previous year		
Variance			
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. PIPS is the first UK nationally commissioned community pharmacy prescribing service with the aim to increase access to services that should relieve pressure across the NHS including common ailment services, emergency medicine supply, influenza vaccinations, and emergency, bridging and quick start contraception.

Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 375 consultations were delivered in June 2023 compared to 172 consultations in June 2022.

Issues

Identifying mentors to support trainee PIPs is a limiting factor – many struggle to identify a suitable, willing mentor.

Actions

Recovery by N/A

We now have 5 Pharmacies with active Pharmacist Independent Prescribers:

- Llanidloes Pharmacy
- Llanwrtyd Wells Pharmacy
- Primrose Pharmacy – Haygarth
- RM Jones – Hay on Wye
- RJ Davies – Lower Cwmtwrch

The health board is continuing to work with contractors to promote PIP

Mitigations

Healthier Wales Quadruple Aim 2

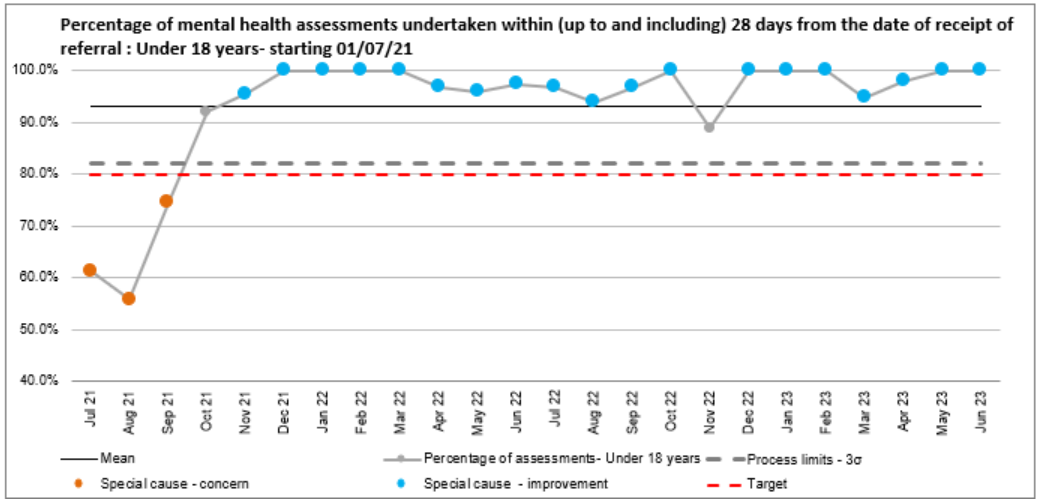
Access & Activity | **NHS Performance Measure - 14** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health Assessments - Percentage of LMPHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	Jun-23		
Reported performance	100%	All Wales benchmark	1st (60.9%)*
Target	80%		
Variance	Special cause - improvement		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- LMPHSS assessment carried out for young people (under 18 years of age) is reporting 100% compliance in June 2023, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 60.9% All Wales position for the same period.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

No issues. 100% compliance achieved and ranking 1st in Wales

Actions	Recovery by	N/A

N/A

Mitigations

N/A

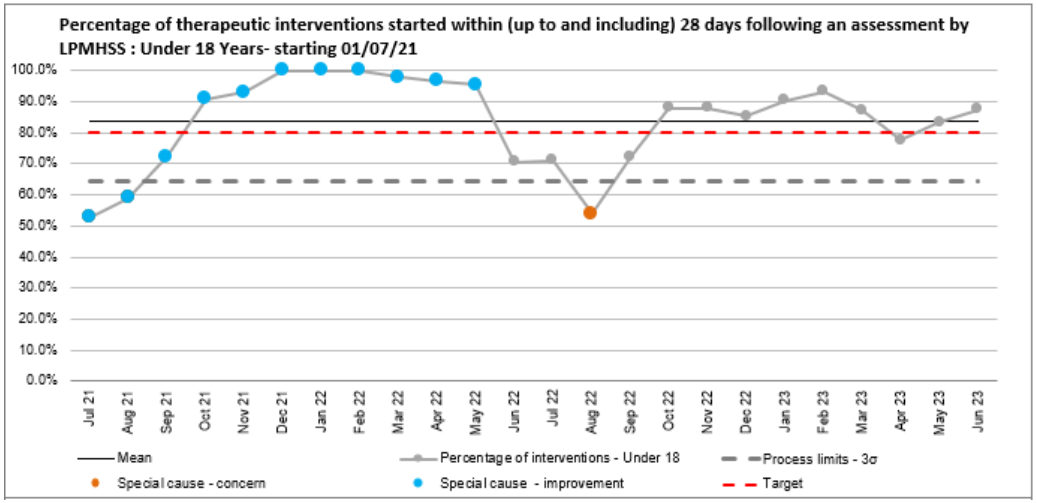
Access & Activity | **NHS Performance Measure - 15** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	Jun-23		
Reported performance	87.5%	All Wales benchmark	1st (45.5%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance for under 18s interventions reports 87.5% in June against the 80% target with common cause variation.
- PTHB ranks 1st in Wales against an All-Wales position of 45.5%
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

No issues

Actions	Recovery by	N/A

N/A

Mitigations

N/A

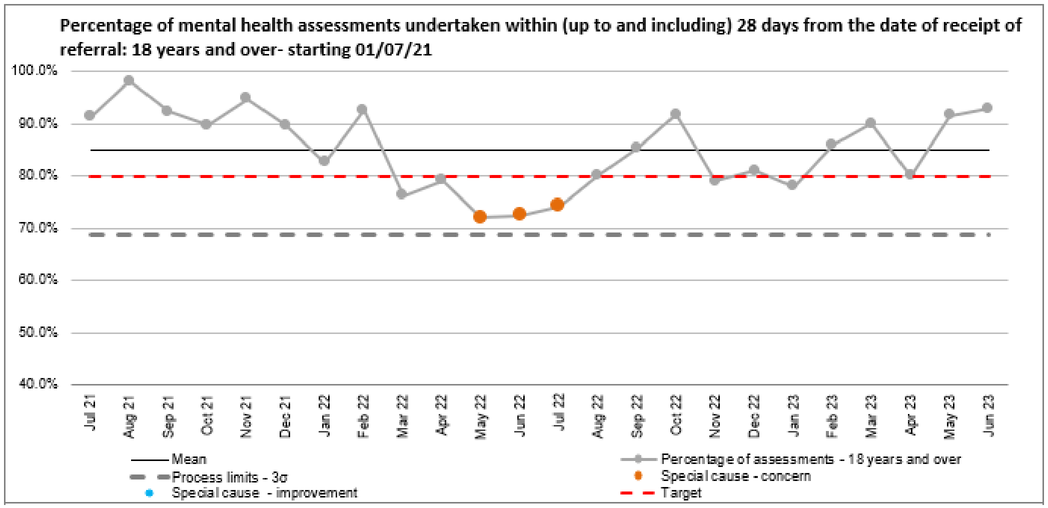
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 16** | **Powys as a provider**

Mental Health Assessments - Percentage of LMPHSS assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	Jun-23		
Reported performance	92.9%	All Wales benchmark	3rd (82.2%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- The adult service of LMPHSS assessments reports compliance in June (92.9%) against the 80% target (common cause variance).
- PTHB ranks 3rd with an All-Wales position of 82.2%.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

- Inconsistent data capture across the teams has led to problems with accuracy but these are being resolved.
- Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture.
- Demand for the service has increased
- Practices are not yet fully standardised across Powys

Actions

Recovery by: N/A

- Recovery and Development Plan confirmed in Spring 2023 and work being implemented to data cleanse and standardise services. Actions include;
  - a) MH teams are producing a SOP to ensure consistent data capture and align capture of workflow across all areas.
  - b) Newly trained administrators within the primary Mental Health teams will provide a consistent approach to recording data.
  - c) Ystradgynlais LPMHSS assessments are now being recorded centrally which should improve consistency.
  - d) A detailed data cleanse is being undertaken to remove historical waiters that are still showing.

Mitigations

- We are achieving compliance, but this may be temporarily affected by the implementation of the SOP.

Healthier Wales Quadruple Aim 2

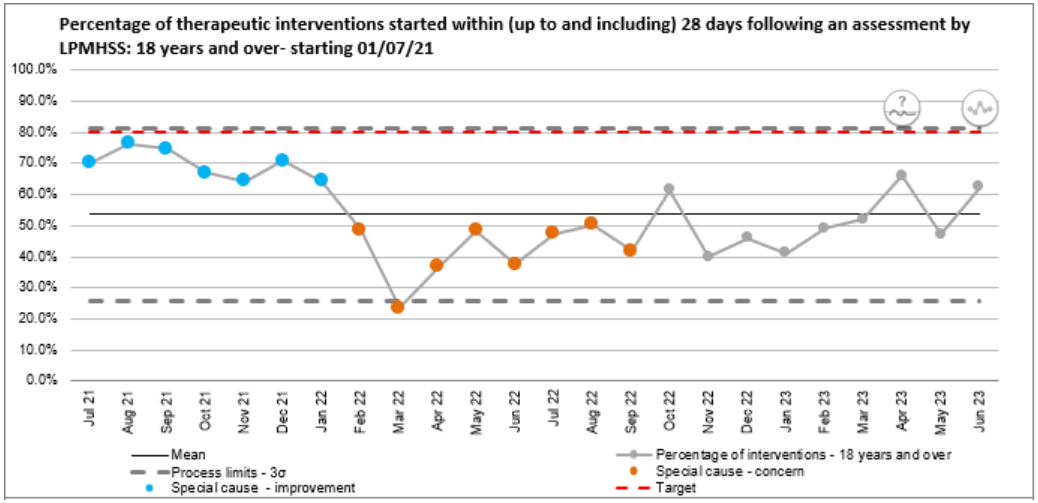
Access & Activity | **NHS Performance Measure - 17** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health Interventions - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	Jun-23		
Reported performance	62.3%	All Wales benchmark	6th (73.5%)*
Target	80%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Health board performance for adult interventions has not met the required target of 80% reporting an improved position of 62.3% in June. This measure remains challenging with reported common cause variation, it is unlikely that this measure will routinely meet the national target without intervention.
- PTHB ranks poorly (6th) against the All-Wales position of 73.5%
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Issues

- Inconsistent data capture across the teams has led to problems with accuracy but these are being resolved.
- Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture.
- Demand for the service has increased
- Practices are not yet fully standardised across Powys

Actions | Recovery by: TBC

- Recovery and Development Plan confirmed in Spring 2023 and work being implemented to data cleanse and standardise services. Actions include;
  a) MH teams are producing a SOP to ensure consistent data capture and align capture of workflow across all areas.
  b) Newly trained administrators within the primary MH teams will provide a consistent approach to recording data.
  c) Ystradgynlais LPMHSS assessments are now being recorded centrally which should improve consistency.
  d) A detailed data cleanse is being undertaken to remove historical waiters that are still showing.

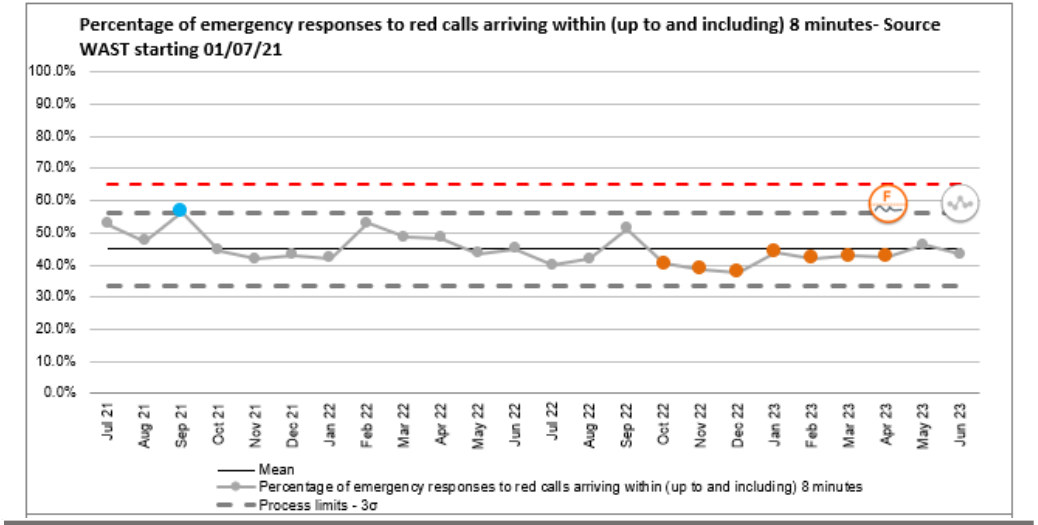
Mitigations

- We expect our Part 1b performance to improve but this may be temporarily affected by the implementation of the SOP.

Red Calls- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11

Latest available	Jun-23		
Reported performance	43.2%	All Wales benchmark	7th (54.6%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source		WAST	



What the data tells us

- The reported performance in June remains poor with 43.2% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation with a shift below mean in June 2023.
- PTHB again ranks 7th (worst in Wales), the All-Wales position is 54.6%

Issues

- Demand for urgent care services continues to increase including calls to 999 ambulance services
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions	Recovery by	TBC

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved
- All Wales urgent care system escalation calls being held daily (often more than once per day)
- Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.

Mitigations

- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 19** | **Powys as a provider**

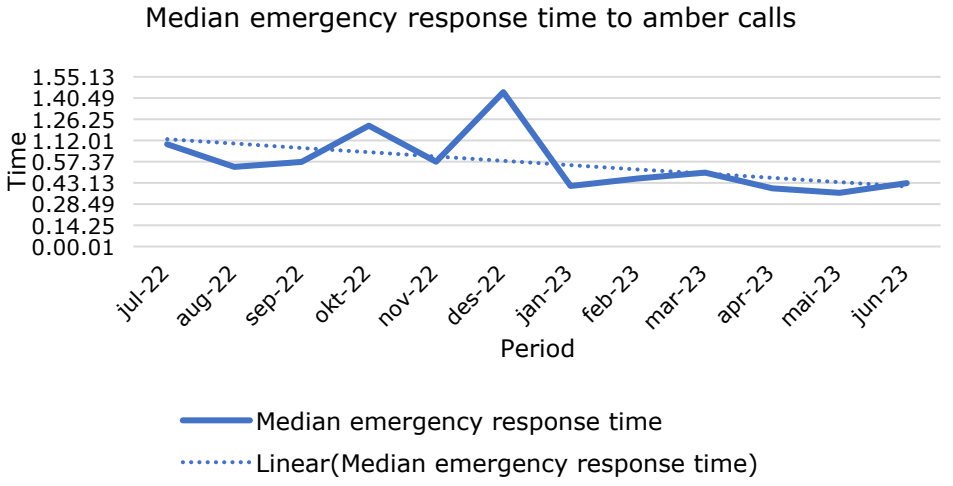
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Emergency Services – Median emergency response time to amber calls

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11

Latest available	Jun-23		
Reported performance	00:43:02	All Wales benchmark	1st (01:01:06)
Target	12 Month improvement		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Amber calls are deemed serious but not immediately life threatening, patients requiring an amber response time will have a response profile ensuring the most clinical resource is dispatched.

Median amber response times have improved over the last 12 month's meeting the national target, the average (median) time for June was 43 minutes.

Issues

- Demand for urgent care services continues to increase including calls to 999 ambulance services
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions | Recovery by: N/A

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved
- All Wales urgent care system escalation calls being held daily (often more than once per day)
- Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.

Mitigations

- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission

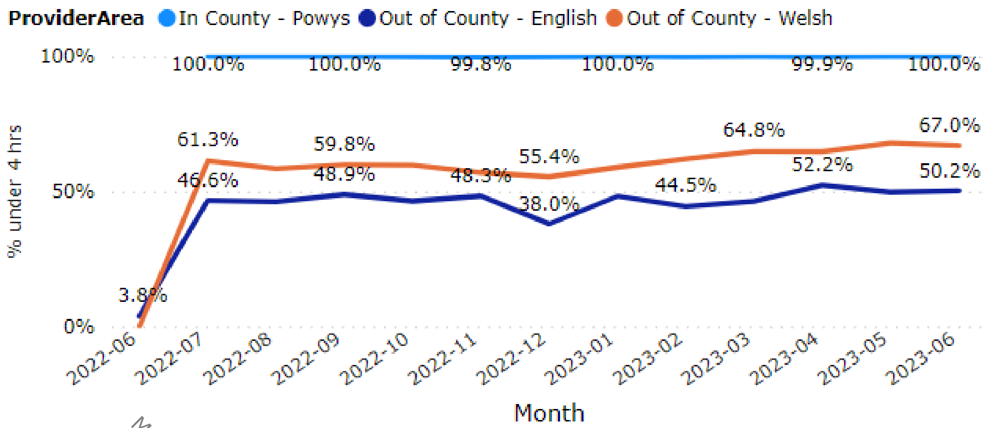
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 22** | **Powys resident view**

Emergency Access - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	**Interim Executive Director of Operations / Director of Community and Mental Health**	**Officer lead**	**Senior Manager Unscheduled Care**	**Strategic priority**	**11**

Latest available	**Wales - Jun-23 & England Jun-23**		
Reported performance	Pow – 100% Wal – 67.0% Eng – 50.2%	All Wales benchmark	*70.2% (1st as provider)
Target	Wales & England- 95%		
Variance	Common cause		Exception
Data quality & Source		DHCW EDDS	



What the data tells us

- Powys as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Powys residents in Welsh emergency units have seen an improvement in performance with 67.0% of patients been spending less than 4hrs waiting.
- Powys residents attending English emergency units see the longest wait with 50.2% (June 2023) meeting the 4hr target.

Issues

- No issues with the Powys MIU's currently reported.
- Powys residents attending Welsh emergency units in May see considerable variation by provider, patients attending Prince Charles Hospital (CTMUHB) are reporting 55.8% compliance, and Bronglais General Hospital (HDUHB) 64.1%.
- Powys residents attending English emergency departments generally wait longer to be seen as reported in the latest March performance figures. Of the two high volume flows into Shrewsbury and Telford and Wye Valley NHS trust they perform at 45.7% and 38.9% respectively
- Key issues for acute care providers include high levels of demand (WVT is providing care for more PTHB resident with the South Powys flow change following Nevill Hall downgrade).
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions	**Recovery by**	**N/A**

- Reinstatement of Delivery Coordination Group from Q2 to focus on key areas of challenge as a result of increasing pressure.

Mitigations

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Healthier Wales Quadruple Aim 2

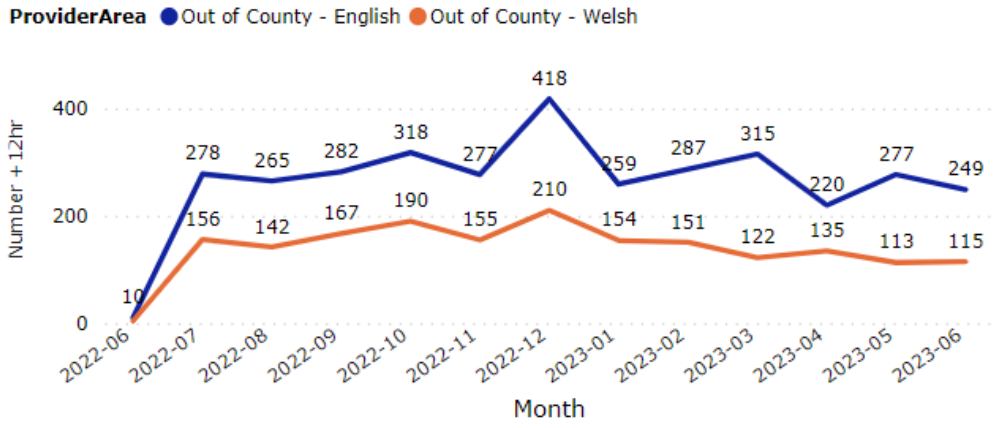
Access & Activity | **NHS Performance Measure - 23** | **Powys residents view**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Emergency Access - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11

Latest available	Wales Jun-23 & England Jun-23		
Reported performance	Pow – 0 Wal - 115 Eng - 249	All Wales benchmark	*8,949 (1st as a provider)
Target	Zero		
Variance	TBC		Exception
Data quality & Source			



What the data tells us

- Powys as a provider of care via MIU's continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation and the target has not been missed in at least 5 years of reporting.
- English emergency departments are reporting a slight increase in the number of 12hr breaches.
- Welsh emergency departments are reporting a more stable position when compared to 2022/23 but remain challenged.

Issues

- No issues with the Powys MIU's currently reported.
- Powys residents attending Welsh emergency units in May see considerable variation by provider, the Morriston hospital (SBUHB) reported the most breaches with 48 patients waiting over 12hrs (23.2% of their total waiters) in May whilst Bronglais (HDUHB) only had 25 breaches (7% of their total waiters).
- Powys residents attending English emergency departments generally wait longer to be seen as reported in the latest March performance figures. Of the two high volume flows into Shrewsbury and Telford and Wye Valley NHS trust they reported 176 and 123 breaches of the 12hr target respectively
- Key issues for acute care providers include high levels of demand (WVT is providing care for more PTHB resident with the South Powys flow change following Nevill Hall downgrade).
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions | Recovery by: N/A

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

Mitigations

Healthier Wales Quadruple Aim 2

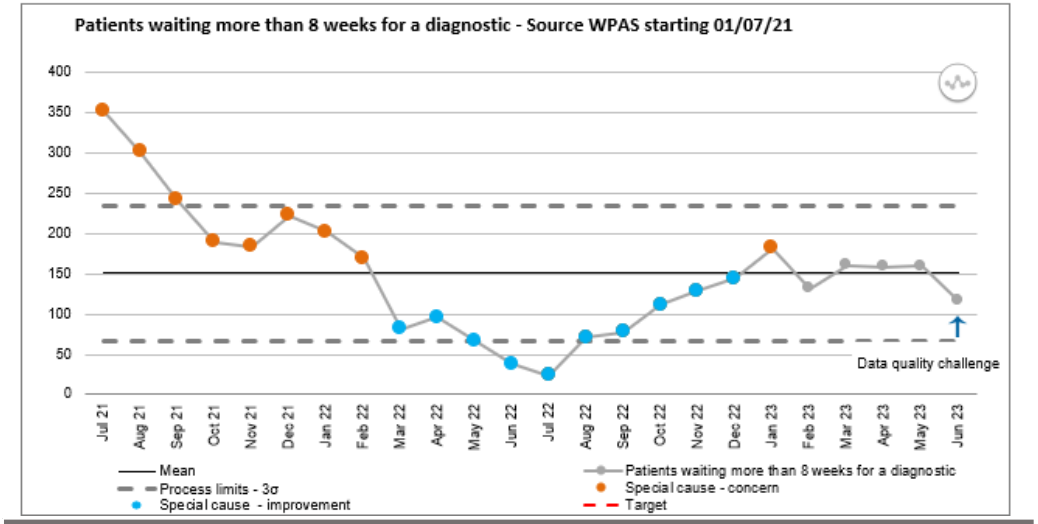
Access & Activity | **NHS Performance Measure - 25** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Diagnostics - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5

Latest available	Jun-23		
Reported performance	117	All Wales benchmark	*1st (49,657)
Target	PTHB trajectory target <150		
Variance	Common cause		Escalated
Data quality & Source		WPAS	



What the data tells us

This measure includes various diagnostic provisions, echo cardiograms, endoscopy, and non-obstetric ultrasound.

- The health board has reported 117 breaches in June 2023, but this information is not complete missing all radiology data from North Powys as a result of a server connection problems, and other local data process and quality challenges. Due to this the metric has been flagged as escalated whilst under investigation. To note the server connection has been restored in August but data remains unavailable for the June period at present.

Issues

Non-Obstetric Ultrasound (NOUS)

- Powys sonographers' scope of practice does not currently include MSK, the health board have visiting radiologists who come once a month, there is a risk that patients who need MSK ultrasound and have to wait for that session (potential pathway delays), this is an ongoing issue that if the radiologists take leave those patients effected have to wait. This has been highlighted with our providers.

Cardiology

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility (Aneurin Bevan University Health Board) and increasing demand

Actions	Recovery by	TBC – remedial action plan

•Non-Obstetric Ultrasound (NOUS)

- Working with providers to find capacity
- PTHB have appointed own Sonographers
- Training of sonographer underway for "lumps and bumps".

Cardiology

- Development of clinical waiting list validation with in reach clinical team – On-going
- Roll –out of GPSI cardiology transformation programme into South Powys, implementation plan in pace – Q3 2023/24

Mitigations

Non-Obstetric Ultrasound (NOUS)
Continuous monitoring of waiting list
Cardiology
Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal

Please note detail on Endoscopy detail is available on the next slide

Diagnostics – Number of patients waiting more than 8 weeks for a specified diagnostic (Endoscopy specific narrative)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5

What the data tells us

When looking at Endoscopy specifically there is an increasing trend in breaches with 20 patients waiting over 8 weeks in June.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Joint Advisory Group (JAG) accreditation will be lost without the clinical vacancies being filled.
- Delay in Cytosponge rollout due to a national recall for device, device availability delayed until at least end of August whilst further checks are made.

Actions | Recovery by: N/A

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Repatriation of patients from Wye Valley NHS Trust to Llandrindod Wells Hospital (ongoing with ABUHB support).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24.

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 26** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

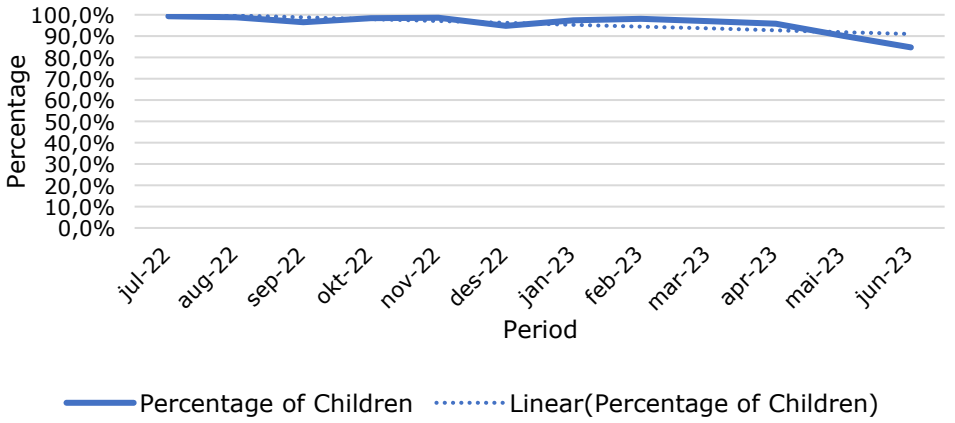
New measure for 2023/24

Percentage of children under 18 waiting 14 weeks or less for a specified Allied Health Professional (AHP)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	84.7%	All Wales benchmark	4th (85.4%)
Target		12 month improvement trend	
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

Percentage of children under 18 waiting 14 weeks or less for a specified AHP



What the data tells us

- This is a new measure for the 2023/24 framework. The measure is designed to provide greater transparency and improve timeliness for young people who require timely access to support their developmental requirements.
- The percentage of young people (<18s) who are waiting over 14 weeks for a specified allied health professional (AHP) has fallen not meeting the 12-month improvement trend reporting 84.7% in June.
- 59 patients breach 14 weeks in total, predominately these breaches are within speech and language therapy.

Issues

- Unfilled vacancies
- Large caseload numbers
- High percentage of caseloads/children not being seen for 6 months+
- Focus of team has been RTTs and not current/open episodes of care

Actions | Recovery by: TBC

Recruitment plans underway:

- 3x 1.0 Whole time equivalent (WTE) band 5 staff starting by Q3
- 1.2 WTE band 3 staff starting Sept/Oct time to support delivery of therapy.
- Team working in more defined episodes of care to reduce cases open for extended periods of time.
- Focus of the team has shifted to open caseload rather than RTTs. However urgent/high priority children are still being seen from the waiting list.

Mitigations

- Locum finishing in July 2023
- Band 6 vacancy unfilled but has been re-advertised as band 6 development post (annex 21) e.g., more junior starter but progressing with training to a higher pay band
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.

Healthier Wales Quadruple Aim 2

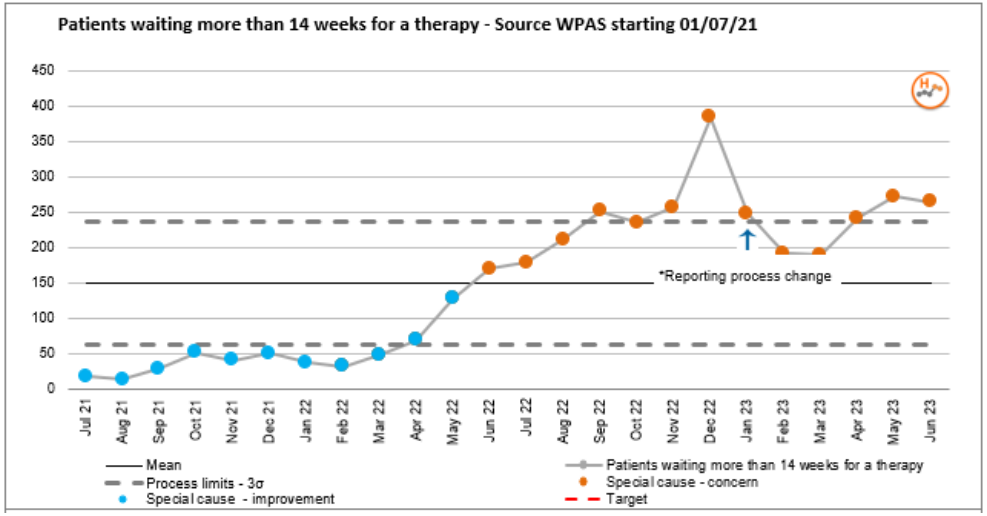
Access & Activity | **NHS Performance Measure - 27** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Number of patients waiting more than 14 weeks for a specified therapy (Inc. Audiology)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	265	All Wales benchmark	2nd (7,944)
Target	PTHB Trajectory – =<180 (Jun-23)		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 265 patients breached the 14 week target in June.
- Data quality following new waiting list reporting process resulted in a single extreme outlier in December 2022.
- Shift – more than 7 sequential points fall above and below the mean in the last 24 months (indicating shift change in process).
- This process is not in control.
- As the measure is has not met the required target since December 2021 and continues to indicate a poor trend it has been **escalated** to Service & Executive lead.

Issues

- Cancellations of clinics at short notice as a result of staff having to isolate due to covid/general sickness resulting in breaches
- Vacancies across services particularly physiotherapy, Dietetics and Audiology having some impact.
- North Powys MSK remains challenging.
- Industrial action risk for Q4
- Follow-up (FUP) caseload backlog impacting on new booking capacity
- Challenges with core reporting support escalated with Digital Transformation team.

Actions	Recovery by	Mar-24 (details in mitigations)

- Weekly management of waiting lists by Heads of Service.
- Additional locum to support MSK physiotherapy, and new graduate from August 2023.
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Podiatry, Dietetics and SALT Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas
- SALT – Head of service reviewing on weekly basis. SALT –long term sickness member of staff returned; all long waits booked.

Mitigations

<u>Improvement planned for full recovery by *Mar-24</u>

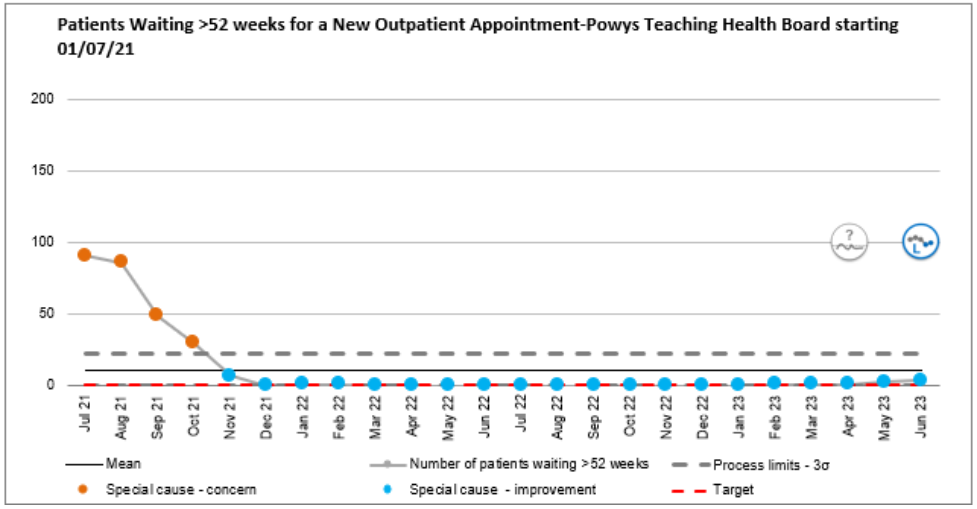
- MSK physiotherapy planned Q3 23/24
- Podiatry planned Q3 23/24
- Dietetics paediatrics Q4 23/24
- Speech and language therapy Q4 23/24

*Projections are based on recruitment plan/return to work, and that no other incidents of long term sickness or maternity leave occur which results in capacity challenge/gaps in service.

New Outpatient – Number of patients waiting over 52 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	4	All Wales benchmark	1st (52,409)*
Target	PTHB Trajectory – 0 (Jun-23)		
Variance	Special cause improvement		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider is starting to see slippage against this measure and its target, June report 4 patients waiting over 52 weeks for a new outpatient appointment.
- Measure continues to report special cause improvement over 24 months as a result of the initial post COVID-19 backlog reduction.
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks.

Issues

- Specific issues for the Rheumatology breaches include increased demand from long COVID-19, consultant availability as a result of short notice in-reach fragility (patient was not suitable for alternative e.g., specialist nurse attendance or virtual solution)
- Ongoing risk of fragile in-reach consultant led pathways within the provider, General Surgery is particularly fragile with significant capacity deficit.
- Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals especially in General Surgery, this short fall of capacity will cause significant challenge in meeting planned care measures.

Actions	Recovery by	TBC – remedial action plan

- Review of inter provider pathways with CTMUHB around general surgery, endoscopy and USC pathways commenced Q1 2023/4
- In reach service fragility and capacity issues flagged via Commissioning Assurance Framework (CAF) mechanisms
- Progressing additional in reach support with Commissioning
- Baseline assessment review of PTHB services against GIRFT OP recommendations undertaking with implementation plan under development
- OPD reviewing use of virtual amd group clinics

Mitigations

- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient-initiated follow-ups (PIFU) across specialities.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process with in reach providers.

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 29** | **Powys as a provider**

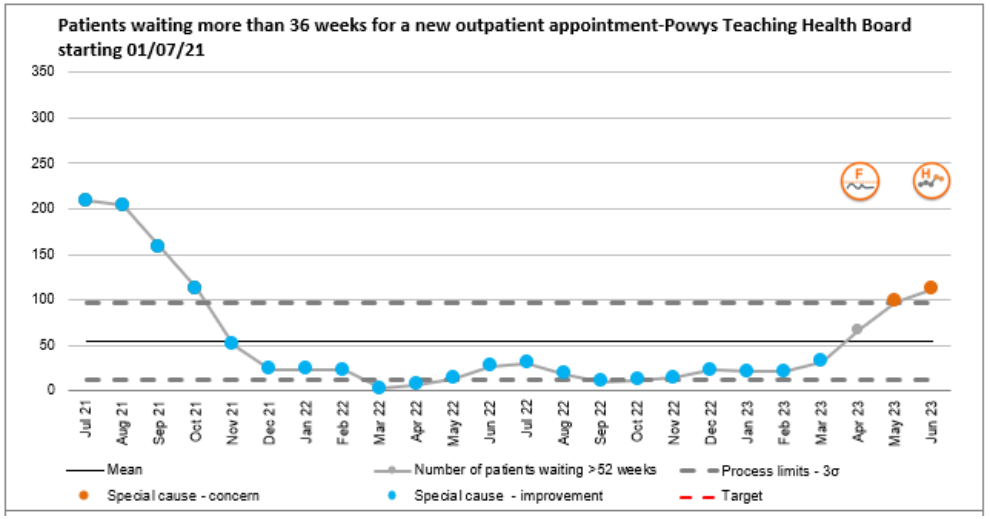
Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

New measure for 2023/24

New Outpatient – Number of patients waiting over 36 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	112	All Wales benchmark	1st (105,925)*
Target	35		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- This is a new performance measure for the 2023/24 NHS Performance Framework with the aim to illustrate where organisations have improved their service planning and the ability to provide sustainable planned care services.
- Current performance has shifted away from expected trajectory with 112 patients waiting over 36 weeks for a new outpatient appointment (stage 1).
- This measures is flagging special cause concern and fails to meet the target of 35 or less breaches.
- The data is showing early indication of a system out of control without intervention.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Fragility of PTHB staffing and recruitment challenges nationally

Actions | Recovery by | TBC – remedial action plan

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Capacity requirements provided for insourcing consideration corporately Q1 2023/4
- Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023.

Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 30** | **Powys as a provider**

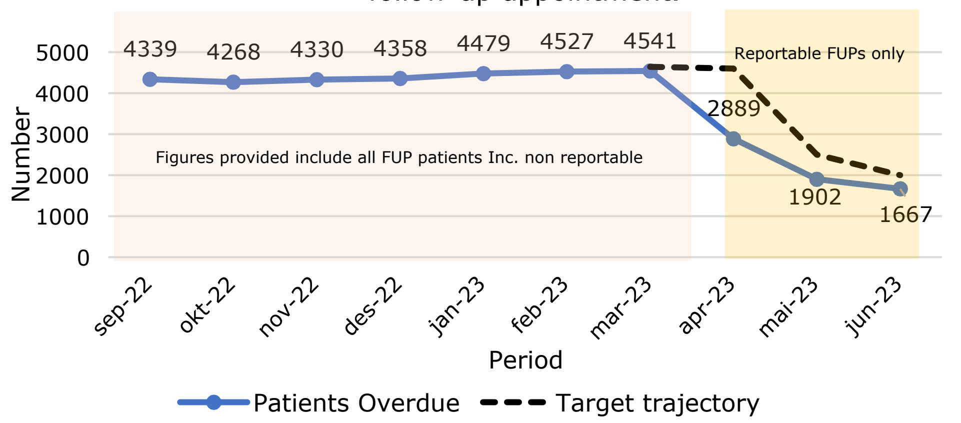
GIG CYMRU NHS WALES | Bwrdd Iechyd Addysgu Powys | Powys Teaching Health Board

Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health*	Officer lead	Assistant Director of Community Services*	Strategic priority	5

Latest available	Jun-23		
Reported performance	1667	All Wales benchmark	1st (251,831)*
Target	PTHB set trajectory target equal or less than 2000 (Jun-23)		
Variance	N/A		Escalated
Data quality & Source		WPAS	

Number of patients who are delayed by over 100% for a follow-up appointment.



What the data tells us

- PTHB is reports "reportable" only FUP's to Welsh Government (WG) from April as required by the national measure. Prior to this figures reported to board included all FUP pathways overdue.
- It should be noted that the recovery trajectory was set for 2023/24 included all FUP's within the calculation and is to be reviewed and re-submitted with health board/WG agreement.
- This measure remains in an escalated state until the data quality issues are satisfactorily resolved.

* This measure and they follow-up investigation, validation and recovery is currently led by the Interim Director of Performance & Commissioning and Director of Finance and ICT and Interim Deputy Chief Executive.

Issues

- Original challenge started in January 2022 where local service reports were displaying incorrect values.
- Reporting was updated to use National team stored procedure which returned significantly more pathways.
- Digital & Transformation (D&T) team capacity limitations required Performance & Service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later.
- Ongoing incorrect reported volumes result in challenges for service demand planning.
- Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical teams do not consistently use see on symptoms (SOS) and patient-initiated pathways (PIFU) which can result in overdue standard FUP pathways.
- Capacity challenges in planned care result in prioritisation of USC, urgent appointments with routine and FUP appointment timeliness impact.

Actions | Recovery by | Nov-23

- Validation progress (phase 2) has been led on by the Digital and Transformation (D&T) team since April 2023, this has reduced "reportable" over 100% overdue by a further circa 45% was following bulk pathway fixes within the patient administration platform (WPAS) and validated discharges.
- D&T have completed a three-stages of a multistage action plan to reduce the remaining pathways that require validation, this was completed by the end of May 2023.
- Stage 4 validation has missed the end of June target for completion but remains underway with patient services, local WPAS team, and National team.
- Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this is an ambitious target.

Mitigations

- Reportable waiting lists are clinically validated, and risk stratified in addition to administrative waiting list validation, this is carried out to reduce the risk to pathways.
- Work with services during 2023/24 to implement the correct use of see on symptoms (SOS) and patient initiated FUP (PIFU) pathways to reduce the incorrect usage of a "standard" FUP pathway resulting in +100% waiters who are actually a PIFU.

Healthier Wales Quadruple Aim 2

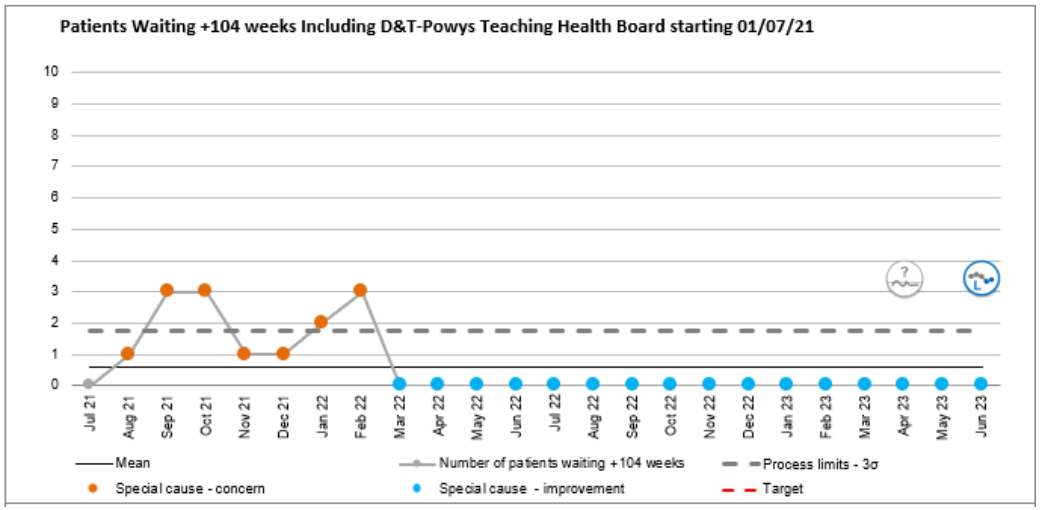
Access & Activity | **NHS Performance Measure - 31** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Referral to Treatment – Number of patients waiting more than 104 weeks

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	0	All Wales benchmark	1st (30,769)*
Target	PTHB Trajectory - 0		
Variance	Special cause - improvement		
Data quality & Source		DHCW	



What the data tells us

- PTHB has performed well recovering from COVID-19 backlog in March 2022. No patients have waited over 104 weeks since this period.
- Special cause – improvement is reported via SPC

Issues

- Impact of delayed DGH diagnostics, fragility of in reach and on-going capacity shortfalls on this measure, waiting times are increasing.
- I think the HB needs to flag that this measure may potentially be breached due to the above waiting times are over 80 weeks for small number of patients

Actions	Recovery by

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Capacity requirements provided for insourcing consideration corporately Q1 2023/4
- Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023.

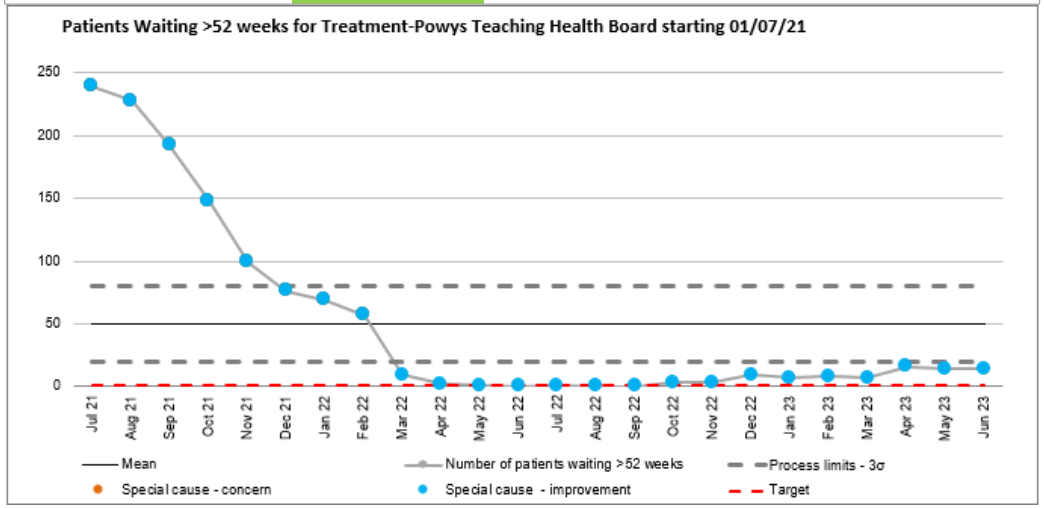
Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.

Referral to Treatment – Number of patients waiting more than 52 weeks for treatment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	14	All Wales benchmark	1st (136,549)*
Target	PTHB Trajectory - 10		
Variance	Special cause - improvement		Escalated
Data quality & Source		DHCW	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services to improve outcomes.
- The health board has failed to meet the submitted trajectory of 10 or less breaches in June with 14 patients waiting over 52 weeks for treatment.
- The measure still reports special cause – improvement after significant improvement post COVID-19 backlog.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Fragility of PTHB staffing and recruitment challenges nationally

Actions	Recovery by	No estimate available

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Capacity requirements provided for insourcing consideration corporately Q1 2023/4
- Recruitment to Clinical Director Planned Care new medical leadership post Q3 2023/24
- Job description reviewed & banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023.

Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.

Healthier Wales Quadruple Aim 2

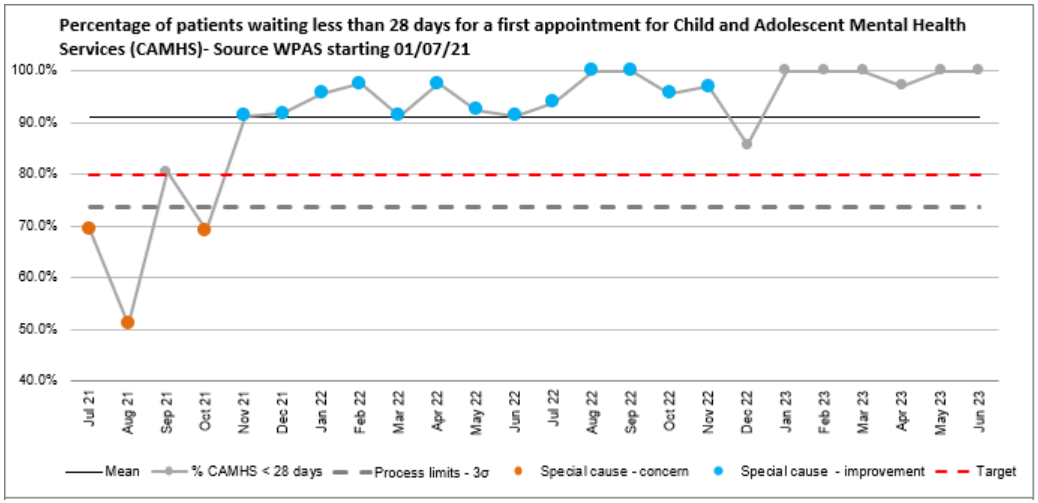
Access & Activity | **NHS Performance Measure - 33** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

CAMHS – Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women's and Children's	Strategic priority	

Latest available	Jun-23		
Reported performance	100%	All Wales benchmark	1st (92.2%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance remains excellent in June with 100% compliance against the 80% national target.
- PTHB ranks first against the All-Wales position of 92.2%.
- This metric reports common cause variation

Issues

- No issues 100% compliance achieved and ranking 1st in Wales.

Actions	Recovery by	N/A

Mitigations

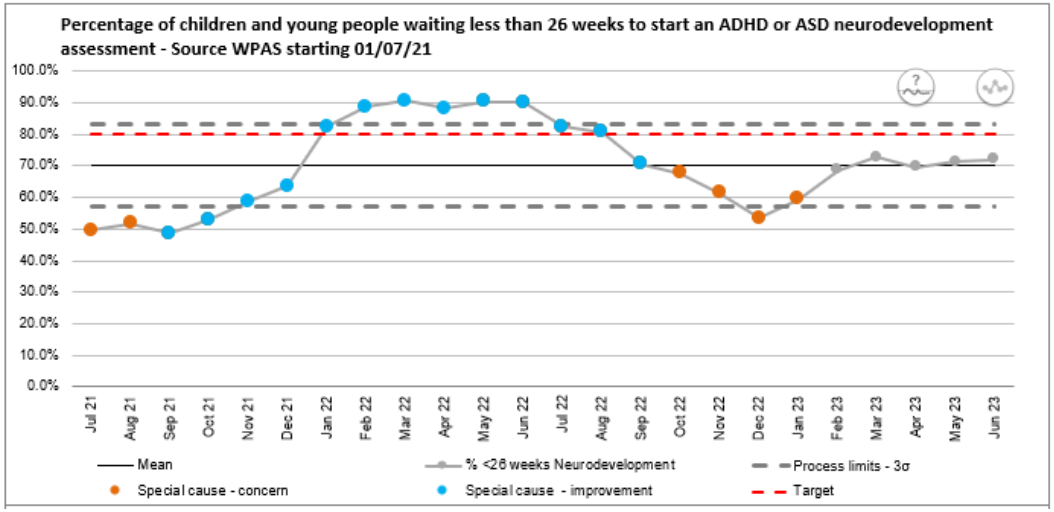
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure - 34** | **Powys as a provider**

Neurodevelopment (ND) Assessment – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women's and Children's	Strategic priority	10

Latest available	Jun-23		
Reported performance	72.1%	All Wales benchmark	*1st (31.5%)
Target	80%		
Variance	Common cause variation		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment had remained above average (mean) for the last 24 months, June compliance reported as 72.1%.
- Performance remains common cause variation
- Although not meeting target PTHB benchmarks positively against the All-Wales position routinely.

Issues

- The average referral rate of 20 per month pre COVID has drastically increased to 60 per month in 2022/23. This peaked at 107 referrals for July 23.
- From April 2022 we have been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-26) plus Welsh Gov Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as at 30th June 2023.

Actions	Recovery by	TBC

- During Q4 2022/23, first appointments were prioritised but this in isolation did not improve the ND service RTT waiting time position.
- The above action consequently also increased the 'assessments in progress' waiting list.

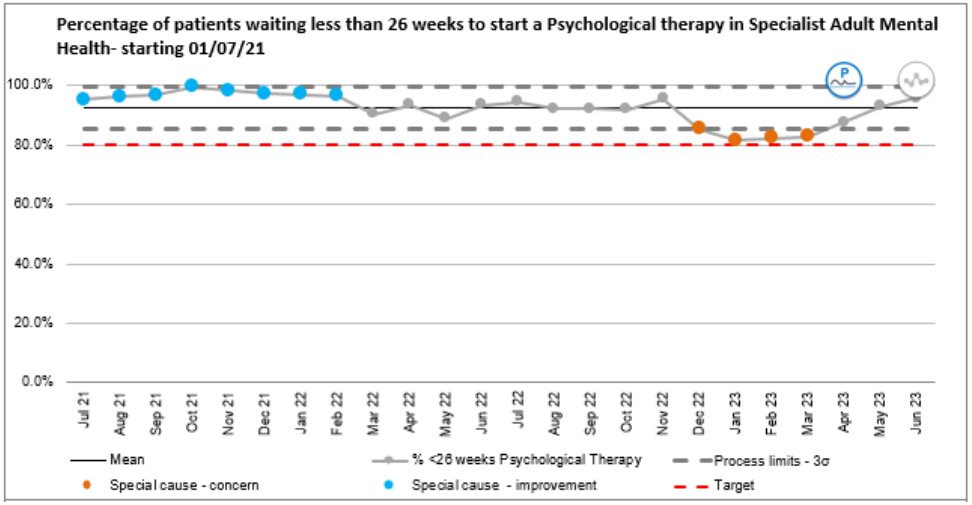
Mitigations

- A business case (BC) has been drafted to secure core recurrent monies beyond March 2024. This will support the essential capacity required to meet the increase in referral demand long term. It is anticipated this be presented to the IBG Scrutiny Panel Sept/Oct 2023.
- In the interim, ND temporary posts have been extended to September 2023 to reduce the waiting list position whilst the BC is being considered.
- Non recurrent grant funding streams are being applied for to support additional workforce for 2023-26.

Psychological Therapy - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	Jun-23		
Reported performance	95.6%	All Wales benchmark	2nd (64.6%)*
Target	80%		
Variance	Common cause		
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance remains robust reporting 93% in May vs the national 80% target.
- The reported variation is common cause and slightly above average for the last 24 months.
- Powys benchmarks positively and currently rank 2nd against the All-Wales position of 64.6%.

Issues

- No issues 95.6% compliance achieved and ranking 2nd in Wales.

Actions	Recovery by	N/A

Mitigations

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure** | **Resident Access**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5

	Jun-23	No. long waits by cohort, with latest SPC variance						
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		Total Waiting
Aneurin Bevan Local Health Board	65.4%	585	L	348	L	66	L	2356
Betsi Cadwaladr University Local Health Board	52.9%	275	H	169		53		734
Cardiff & Vale University Local Health Board	52.1%	148		93		23	L	388
Cwm Taf Morgannwg University Local Health Board	51.4%	228		155		40	L	613
Hywel Dda Local Health Board	59.7%	459	L	247	L	54	L	1595
Swansea Bay University Local Health Board	54.6%	668	L	408	L	157	L	1953
Total	58.4%	**2363**	L	**1420**	L	**393**	L	**7639**

	May-23	No. long waits by cohort, with latest SPC variance						
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		Total Waiting
English Other	73.5%	50		13		0	L	317
Robert Jones & Agnes Hunt Orthopaedic & District Trust	62.1%	781	H	356		10	L	3089
Shrewsbury & Telford Hospital NHS Trust	68.8%	730		229	L	0		3947
Wye Valley Trust	63.7%	796	H	213		0		3686
Total	65.2%	**2357**	H	**811**		**10**	L	**11039**

May-23 data available via submission excel sheets not validated DHCW feed

Return to provider RTT slides

What the data tells us

Commissioned services in Wales are reporting slow improvement across the long wait metrics of +104, over 36 weeks, and new OP 52+ weeks. Key challenged providers in Wales for Powys residents include Cwm Taf Morgannwg UHB (CTMUHB) and Swansea Bay UHB (SBUHB).

The table below is for Welsh providers and can be used to view relative improvement of waiting lists.

Wales Measures	Jun-22	Jun-23
Total pathways over 36 weeks	2634	2363
Pathways waiting +52 new outpatient	840	253
Pathways waiting 104+ weeks	699	393

English providers still report an improved position when compared to waiting pathways in Wales. Very long waits 104+ weeks are limited to RJAH consisting of complex spinal cases

English Measures	May- 22	May-23
Total pathways over 36 weeks	2391	2373
Pathways waiting 104+ weeks	36	10

Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Interim Assistant Director of Performance & Commissioning	Strategic priority	5

Issues

- PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with increased demand, and staffing fragility impacting through put.
- English and Welsh providers reporting clinical staff retirements with difficulties in being able to replace.
- Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.
- Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.

Actions	Recovery by	N/A

- Welsh & English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.
- Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within the provider or alternative private service.
- The health board continues to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.
- Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment.
- PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.

Mitigations

All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.

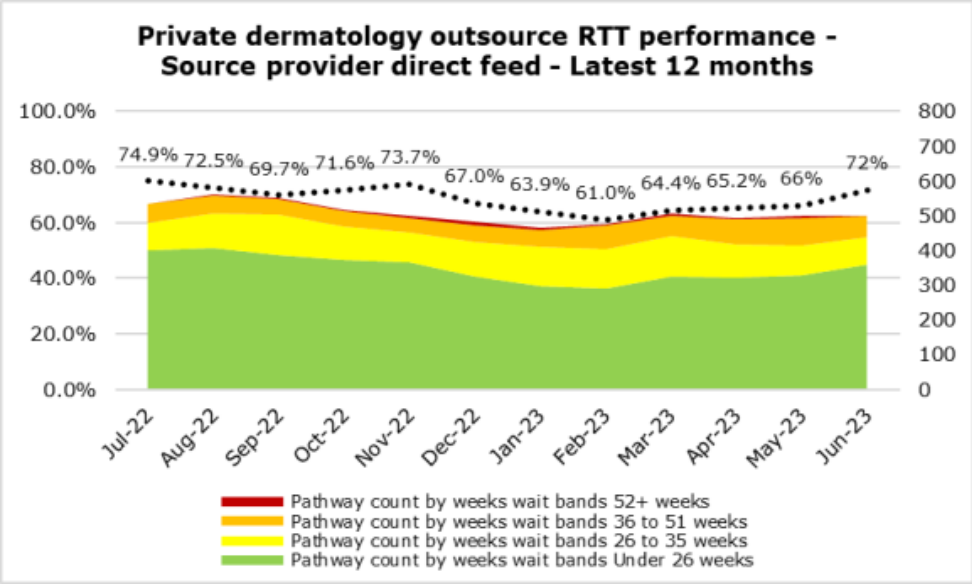
Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure** | **Powys contracted**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Insourcing/Outsourcing - Private Dermatology Outsourcing – Referral to Treatment

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Interim Assistant Director of Performance & Commissioning	Strategic priority	5



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Jul-22	74.9%	400	80	53	1	534
Aug-22	72.5%	407	100	52	2	561
Sep-22	69.7%	385	117	44	6	552
Oct-22	71.6%	371	98	45	4	518
Nov-22	73.7%	367	83	41	7	498
Dec-22	67.0%	323	101	48	10	482
Jan-23	63.9%	297	113	47	8	465
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506
Apr-23	65.2%	321	95	72	4	492
May-23	66.1%	329	85	80	4	498
Jun-23	71.8%	359	80	59	2	500

What the data tells us

In June 2023 the provider RTT performance has shown a step of improvement to 71.8% of the waiting list being under 26 weeks. Patients that wait over 36 weeks has reduced from 84 (May) to 61 in June reversing a 6-month trend of increase. Since July 2022, a small number of pathways have exceeded 1 years wait, the longest wait in June reported at 56 weeks and only 2 patients have breached both as result of patient-initiated cancellations.

Issues

- None reported

Actions | Recovery by: N/A

- None reported

Mitigations

- None reported

Healthier Wales Quadruple Aim 2

Access & Activity | **NHS Performance Measure** | **Resident Access**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Interim Assistant Director of Performance & Commissioning	Strategic priority	5

Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW

Provider	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06
Aneurin Bevan Local Health Board	58%	77%	67%	65%	67%	48%	48%	56%	82%	85%	69%	55%	56%
Betsi Cadwaladr University Local Health Board	0%	100%	100%	0%	30%	38%	53%	29%	20%	29%		63%	
Cardiff & Vale University Local Health Board				50%		100%	0%	0%					
Cwm Taf Morgannwg University Local Health Board	67%	14%	20%	22%	57%	0%	50%	20%	25%	33%	29%	75%	0%
Hywel Dda Local Health Board	40%	25%	33%	50%	50%	57%	57%	20%	57%	20%	56%	17%	13%
Swansea Bay University Local Health Board	67%	25%	83%	67%	67%	60%	100%	38%	67%	50%	33%	50%	25%
Total number treated within target (numerator)	17	14	20	22	22	26	26	19	20	29	17	16	11
Total pathways that started treatment (denominator)	33	29	32	48	41	52	50	51	37	46	32	31	32
Total monthly percentage compliance	52%	48%	63%	46%	54%	50%	52%	37%	54%	63%	53%	52%	34%

Data Quality & Source

DHCW - Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

What the data tells us

Wales

Performance in Wales remains challenging for cancer pathways, provisional data for Jun 2023 shows 62-day cancer compliance at 34% with 11 of 32 pathways treated within target. However key challenges reported include service flow, surgical, and diagnostic capacity in secondary care. Another challenge is the marked variation across health boards particularly in relation to Breast, Gynaecology and Head and Neck SCP performance within Wales. Finally it should also be noted that patients flowing into Cwm Taf Morgannwg could have initial diagnostics and outpatient appointments carried out by the Powys hosted in-reach services (PTHB has one of the highest median waits for first outpatients in Wales and this could impact target compliance).

- Rapid diagnostic centre (RDC) access now in place for Powys residents in BCUHB, SBUHB, and ABUHB, further work is being done with BCUHB to assess access for Mid Powys residents also into their RDC (which would not normally be the geographical flow for this cluster).

What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 5 breaches of their cancer pathway reported for June 2023. All breaches were patients waiting over 104 days, and all breaches were as a result of complex diagnostics pathways, and outpatient capacity challenges across multiple different tumour types.
- Wye Valley NHS Trust (WVT) – The provider has reported in March 62 day performance for all patients (including non-Powys) of 54.5% for the 62 days urgent GP referral to treatment measures. Escalated via Commissioning Quality Reporting & Performance meetings is the lack of Powys responsible patient breach information, this challenge is ongoing and at present the latest breach reports are from March where 5 Powys patients waited over 62 days predominately on a urological tumour site pathways.
- Both SATH and WVT have challenging cancer performance when compared to other English NHS trusts against the 62 day target, however their rapid diagnostic and two week wait performance is generally more robust and aligned to other English provider performance.

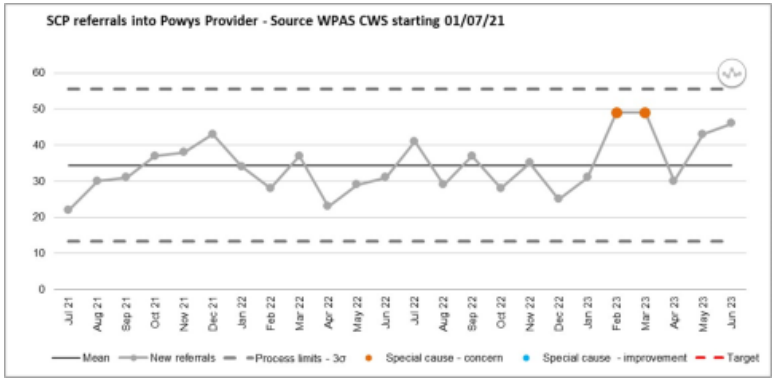
Healthier Wales Quadruple Aim 2

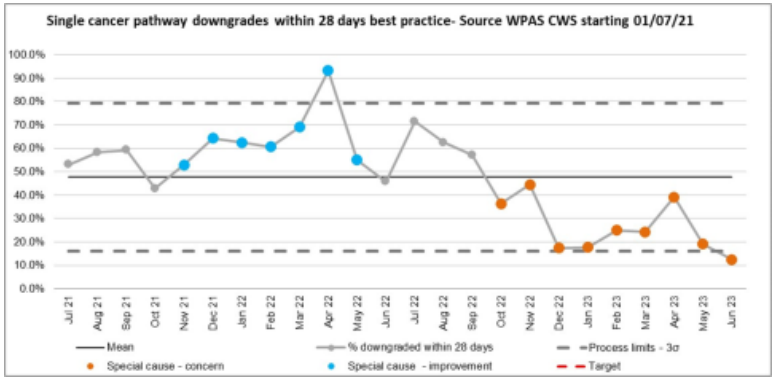
Access & Activity | **Local Measure** | **Powys Provider**

Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

SCP - Powys provided cancer pathways (Powys does not provide treatment, but the health board is required to submit and validate downgrades)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Community Services Group	Strategic priority	5





What the data tells us

- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. The level of demand remains high in Q1 and has again reported above mean with 46 referrals accepted in June. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has been especially poor with declining performance through Q3, low performance in Q4, and into Q1 23/24 reporting (12.5%) for June.
- PTHB median to first outpatient appointment, and to first diagnostic is reported as higher than all Wales. But it should be noted that complex diagnostics are carried out within acute care providers.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022.
- Delay in Cytosponge rollout due to a national recall for device, device availability delayed until at least end of August whilst further checks are made.
- Powys local red-card process is not compatible with CTMUHB in-reach clinical processes and capacity (e.g., some patients are clinical downgrades/discharged but their pathway remains "digitally" open until red card is completed).

Actions | Recovery by: N/A

- Service have escalated without resolution the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board), this action requires key leadership and Commissioning support to resolve.
- Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells is planned to start from Q3 2023/24
- Provider patient services teams work with in-reach clinical leads and DGH diagnostics to monitor patients on the WPAS cancer waits tracker.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.
- Regional working on-going as part of National Diagnostic workstream

Healthier Wales Quadruple Aim 3

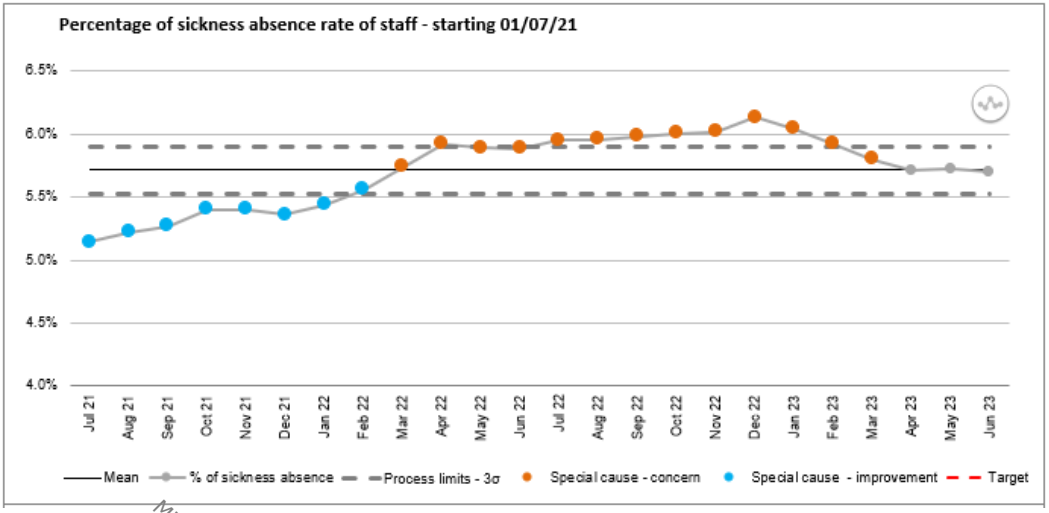
Workforce | **NHS Performance Measure - 36** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Sickness Absence – Percentage of sickness absence rate of staff

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority	

Latest available	Jun-23		
Reported performance	5.7%	All Wales benchmark	4th (6.53%) – Apr-23
Target	12 Month Reduction Trend		
Variance	Common cause		
Data quality & Source		PTHB Workforce	



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.7% for June with actual sickness absence for the month being 5.52%. Rolling sickness had been trending downwards since December 2022, however, has remained the same in June 2023 as in May 2023.
- Variation is common cause and slightly below the 24-month average.

Issues

In the last 12 months 3,011 episodes of sickness were recorded of which 418 were long term. Anxiety Stress & Depression continues to be the top reason, accounting for nearly 28% of all sickness and 303 episodes recorded (138 of which were long term, mainly Nursing and Admin & Clerical). This is followed by Other Musculoskeletal problems which accounted for nearly 9%, 133 reported episodes (47 long term, mainly in Additional Clinical Services and Admin and Clerical).

In the month of June, Anxiety, Stress & Depression accounted for nearly 31% of all sickness reported, with 61 episodes (36 long term, mainly in Nursing).

This was followed by Other Musculoskeletal problems, responsible for 11%, with 26 episodes (15 long term, mainly within Nursing)

Actions	Recovery by	N/A

- Directorates with performance above the target set in the MDS have been asked to provide trajectory recovery plans.
- Directorates to actively promote all available wellbeing support to staff that are in work and absent.
- Long-term absence cases are being reviewed with managers to ensure all actions are up to date in line with the Managing Attendance at Work policy.

Mitigations

- The WOD Business Partners (BP) team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy.
- The WOD BP team are monitoring absences prompts in ESR and following these up with managers to ensure policy is followed.
- Sickness absence is monitored via directorate Senior Management Team meetings.
- A series of roadshows have begun across all hospital sites to support wellbeing.

Healthier Wales Quadruple Aim 3

Workforce | **NHS Performance Measure - 37** | **Powys as a provider**

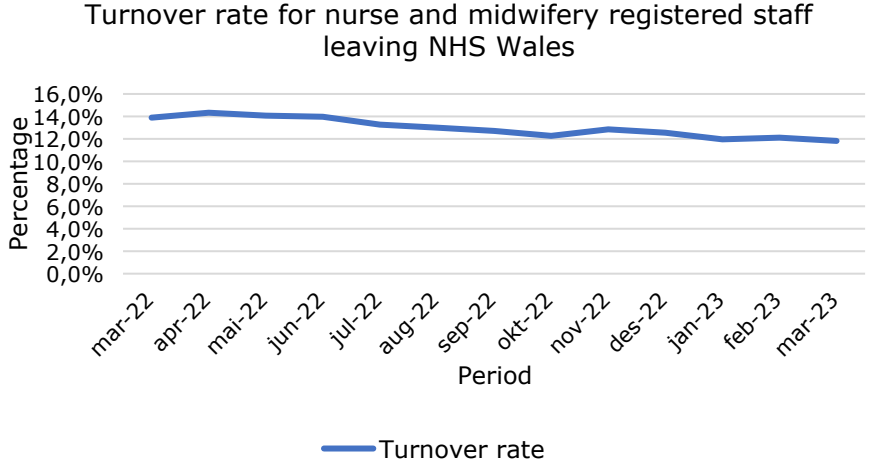
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Workforce – Turnover rate for nurse and midwifery registered staff leaving NHS Wales

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority	

Latest available	Mar-23	
Reported performance	11.8%	
Target	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	
Variance	N/A	Exception
Data quality & Source		Welsh Government Scorecard



Issues

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that " *current data has some anomalies and we will be going to organisations to discuss the raw data to iron these out"*

Actions | Recovery by: TBC

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and OD Directorate are working to develop good practice guides to support managers in working to improve retention.
- The Workforce and OD Directorate will be rolling out a Team Climate survey which will support managers and teams to identify actions which they can take to support retention.

Mitigations

The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.

What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This metric focuses on the measurement of staff leaving employment, and the identification of key causes and how best to tackle them. High staff turnover results in both high costs and a negative effect on services.

- Performance is improving over the last 12 months (11.8% Mar-23) but remains higher than the 2019/20 baseline of 9.5% for the equivalent period.

Healthier Wales Quadruple Aim 3

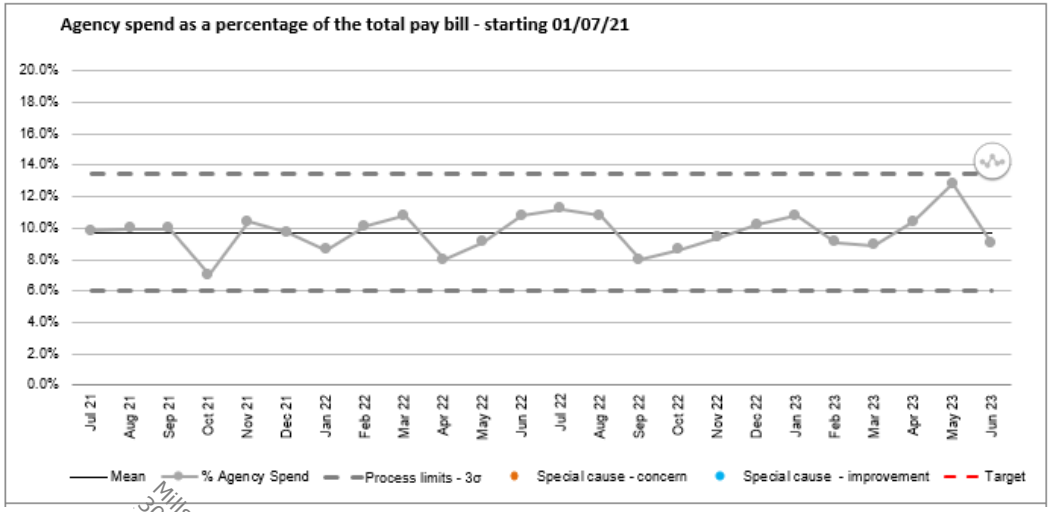
Finance (Cost & Value) | **NHS Performance Measure - 38** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agency Spend – Agency spend as a percentage of the total pay bill

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health/ Executive Director of Workforce & OD - TBC	Officer lead	Deputy Director of Workforce and OD/Assistant Director of Community Services Group - TBC	Strategic priority	13

Latest available	Jun-23		
Reported performance	9.0%	All Wales benchmark	12th (5.6%) (Apr-23)
Target	12-month reduction trend		
Variance	Common cause		Exception
Data quality & Source		PTHB Finance	



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- No trajectory was required for 23/24 under the revised ministerial priorities, and as such the target defaults to 12-month reduction for the 2023/24 financial year.
- This reduction is not achieved with although reported spend reduced to 9% below average for the 24 months reported.
- Variation remains common cause.

Issues

- Changes in operational footprint including escalation / surge capacity
- Limited substantive Professional workforce availability
- Rurality
- COVID & impacts of short-term Sickness absence
- Patient acuity & dependency

Actions | Recovery by: TBC

- Reviewing operational footprint to further reduce reliance on temporary staffing
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff
- refresh of actions from establishment review
- Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023

Mitigations

- Further tightening of operational processes including;
- Earlier roster planning
- Improved roster compliance and sign off
- Targeting of Bank over agency
- Targeted recruitment campaigns
- Long lining of on contract agency
- Establishment review
- Recruitment of 5 overseas registered nurses into Welshpool
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
- Conversion of agency to substantive in one setting
- Conversion of Thornbury nurses to on framework agency in high-cost area.

Healthier Wales Quadruple Aim 3

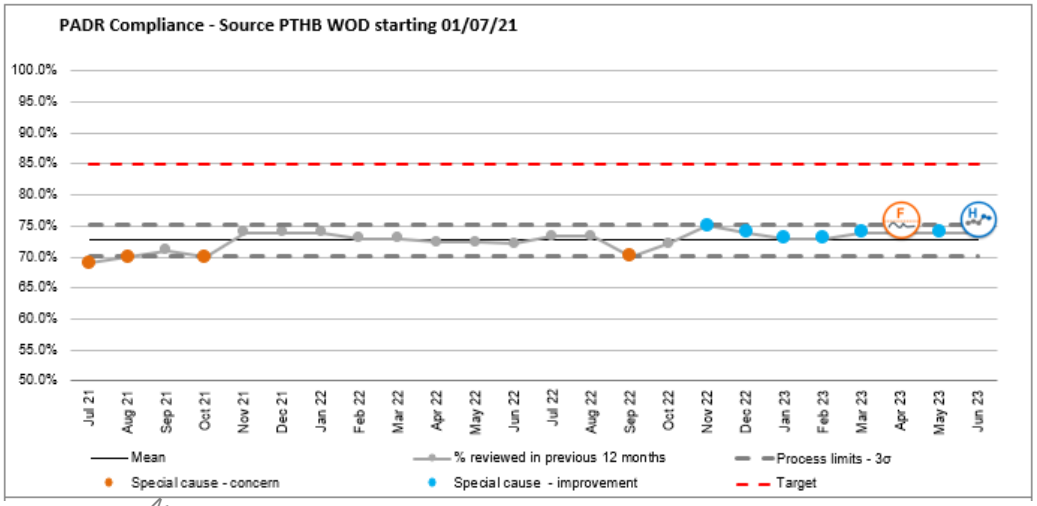
Workforce | **NHS Performance Measure - 39** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

PADR Compliance - Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Deputy Director of Workforce and OD	Strategic priority	14

Latest available	Jun-23		
Reported performance	74.0%	All Wales benchmark	3rd (69.4%) (Apr-23)
Target	85%		
Variance	Special cause- improvement		Exception
Data quality & Source		PTHB WOD	



What the data tells us

- THB PADR compliance is reported at 74% for June 2023, 11% below the national target of 85%.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 24 months.
- The health board benchmarks positively when compared the All-Wales position of 69.4% (Apr 2023).

Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- As of June 2023, there were 10 service areas who's performance was below the national target of 85% but above the All-Wales benchmark of 65%.

Actions	Recovery by	TBC

- WOD Business Partners are discussing PADR compliance at senior management groups within services.
- Monthly detailed analysis of compliance is shared via Assistant Directors.
- Ongoing performance relating to PADR compliance will be addressed with directorates via directorate performance review meetings once these are reinstated.

Mitigations

- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g. Group PADRs and delegated responsibility.
- Managers toolkit on Pay progression has been developed and implemented.

Healthier Wales Quadruple Aim 4

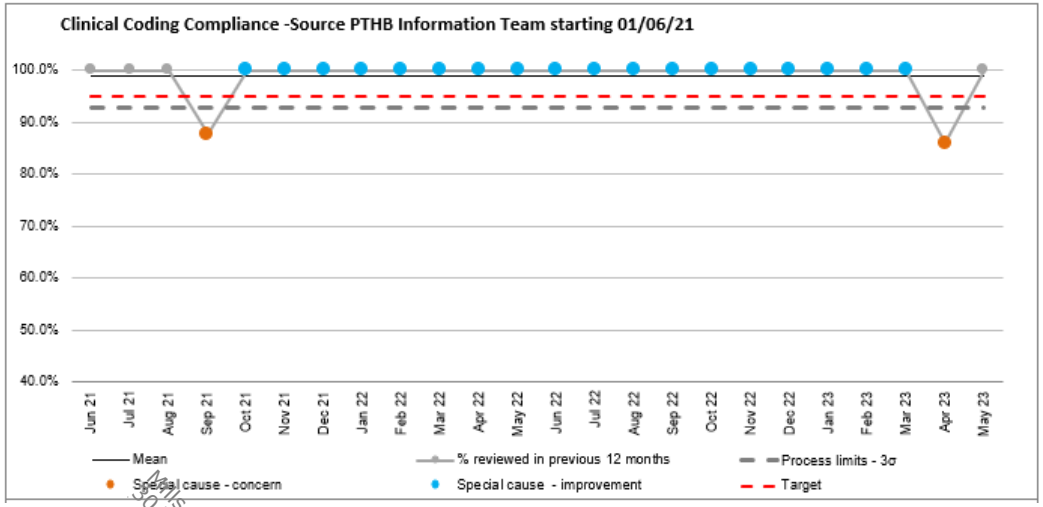
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 40** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Percentage of episodes clinically coded within one month post discharge end date

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Head of Information, digital transformation and informatics	Strategic priority	

Latest available	May-23		
Reported performance	100%	All Wales benchmark	1st (74.3%)
Target	Maintain 95% target or demonstrate an improvement trend over 12 months		
Variance	Common cause		
Data quality & Source		DHCW	



What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.
- Variation is reported as common cause for May.

Issues

- Our own internal data for April suggests we exceeded the national target as all episodes were coded within one month post discharge end date.

Actions | Recovery by: N/A

- The Information and Data Quality Manager is working with colleagues in DHCW to identify why April's performance fell below the national target.

Mitigations

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 41** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Percentage of all classifications' coding errors corrected by the next monthly reporting submission

Executive lead	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Officer lead	Head of Information, digital transformation and informatics	Strategic priority	

Latest available	May-23		
Reported performance	0.0%	All Wales benchmark	8th (48%)
Target	90%		
Variance			Exception
Data quality & Source		Welsh Government Scorecard	

Insufficient data/data quality concerns for visual reporting

Issues

- Unable to reconcile the reported errors with PTHB own internal data.

Actions | **Recovery by** | **TBC**

- The Information and Data Quality Manager is working with colleagues in DHCW to identify the cause of the low performance, which affects a low number of records (5 in April, 3 in May).

Mitigations

- Errors from the reported period have been corrected and are not outstanding.

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

This measure reports 0.0% compliance in May for 5 coded records (this is under investigation as the local team view this as incorrect without further evidence.

Rationale - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 42** | **Powys as a provider**

GIG CYMRU NHS WALES — Bwrdd Iechyd Addysgu Powys / Powys Teaching Health Board

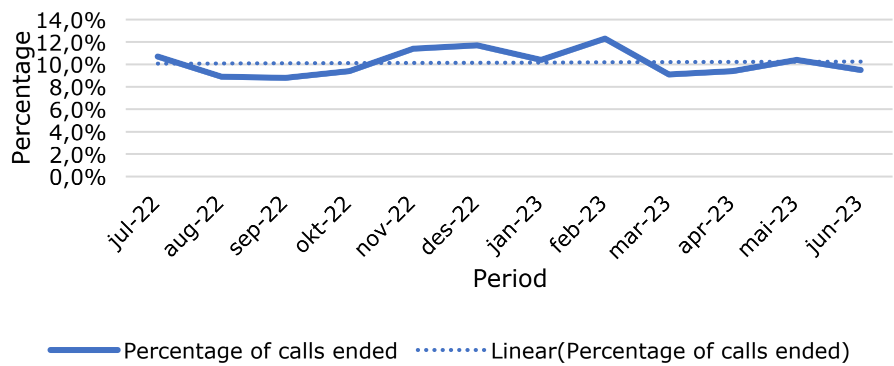
New measure for 2023/24

Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	

Latest available	Jun-23		
Reported performance	9.5%	All Wales benchmark	7th (13.9%)
Target	17% or more		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

Percentage of calls ended following WAST telephone assessment (Hear and Treat)



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.

Powys has not met the national target in Jun-23 with 9.5% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 13.9%.

Issues

- No issues currently reported

Actions	Recovery by	TBC

Mitigations

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 43** | **Powys as a provider**

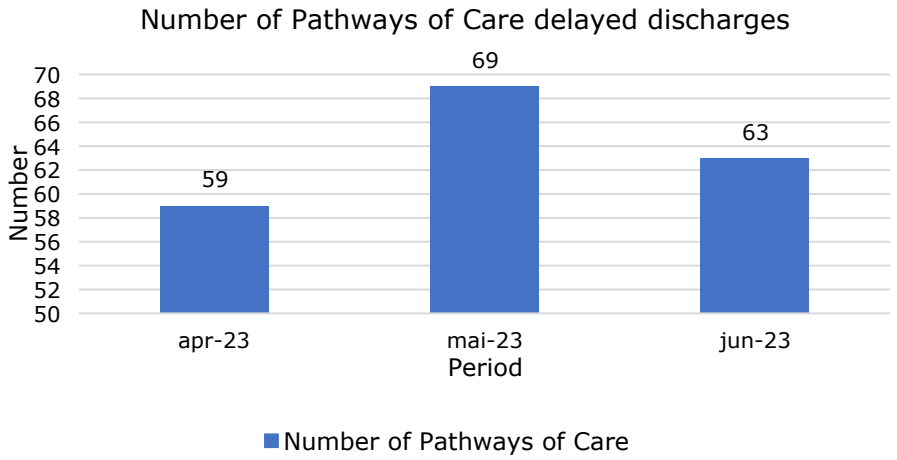
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Number of Pathways of Care delayed discharges

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	

Latest available	Jun-23		
Reported performance	63	All Wales benchmark	2nd (1,526)
Target	12 month reduction trend		
Variance	N/A		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework. Key to this rationale is due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales.

Data points for this measure are limited e.g., from April 2023, as such no compliance performance can be ascertained against the 12-month reduction target.

Issues

- Increased deconditioning following extended stays
- Increased assessment delays trending upward
- Limitations of domiciliary care market
- Market capacity
- Market responsiveness
- Increasing community demand
- Limitations on care home market capacity
- Delayed social care allocation and assessment
- Requirement to refresh community hospital model

Actions | Recovery by: N/A

- Development of business case for increased numbers of discharge liaison officers to drive reduction in length of stay
- Bed census to better understand and inform patient need prior to admission and change in need to support discharge
- Domiciliary care market exploration capacity/ demand
- Participation in Accelerated Sustainability Model workstream
- System engagement with Powys County Council to inform market development

Mitigations

- Promotion of Home First model as per Goal 5 focus outcomes
- Promotion of reablement, reduced LOS and activities to reduce deconditioning
- Daily Sitrep and flow discussions
- Bi weekly focus on stranded patient review
- Weekly themes and trends meeting
- Accelerated Sustainability model planning to inform community offer
- Continued participation in market engagement with care providers/ third sector provisions.

Healthier Wales Quadruple Aim 4

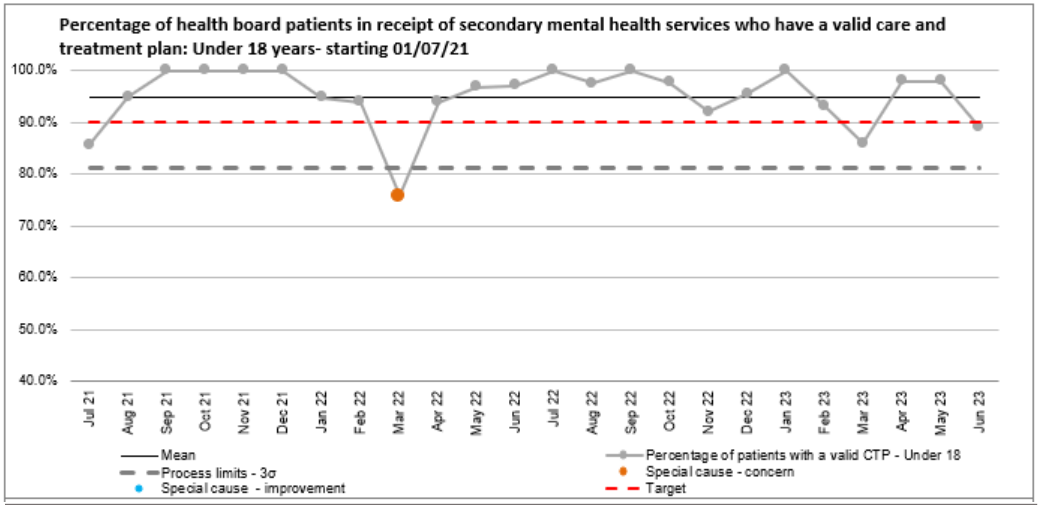
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 44** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health CTP, Under 18's- Percentage of health board residents under 18 years in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	

Latest available	Jun-23		
Reported performance	89.0%	All Wales benchmark	3rd (90.3%)*
Target	90%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Performance in June has fallen marginally under target to 89% against a 90% national target. The health board ranked 3rd against the All-Wales position of 90.3% in May.
- Variation remains common cause.

Issues

50 out of 56 patients had a valid CTP at the end of the month. 1 more patient being seen would have achieved compliance and 90% target.

Actions	Recovery by	TBC

Mitigations

- Staffing shortfall can have an immediate impact on compliance.

Healthier Wales Quadruple Aim 4

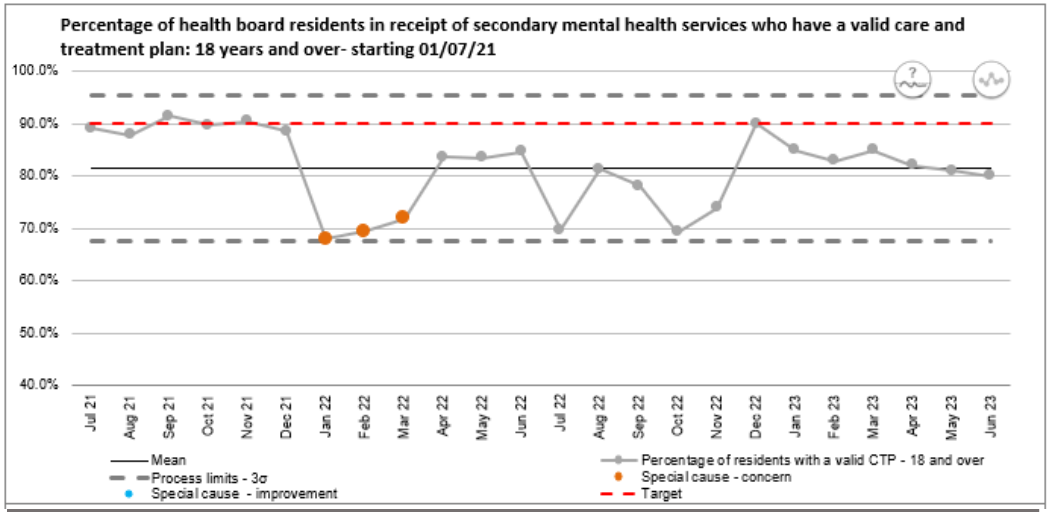
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 45** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health CTP, 18 years+ Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10

Latest available	Jun-23		
Reported performance	80%	All Wales benchmark	5th (77.5%)*
Target	90%		
Variance	Common cause		Exception
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Adult and older CTP compliance has measured at 80% and reports common cause variation in June slightly below average for the last 24 reported months.
- In May PTHB benchmarked 5th against an All-Wales position of 77.5%.

Issues

- North Powys vacancies and sickness absence continue to impact.
- The service is further affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff.
- Data quality challenge including post submission revisions.

Actions | Recovery by: TBC

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. However, this has not resolved PCC Social worker capacity challenges. A change to the duty model is being scoped.
- Continue to advertise recruitment positions.
- A data cleansing project is soon to be completed reviewing WCCIS usage in North Powys in partnership with WCCIS Team and Information Team.

Mitigations

- Clinical assessment and prioritisation of case loads.
- Prioritising data cleansing and data accuracy.
- Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 46** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	

Latest available	
Reported performance	
Target	Month on month improvement
Variance	
Data quality & Source	

Data for this metric is not currently available and under national development.

Issues

Actions	Recovery by	N/A

Mitigations

What the data tells us

This is a new measure for the 2023/24 NHS Performance Framework.

Rationale - Every person in Wales who uses health services has the right to receive excellent care as well as advice and support to maintain their health. Gathering patient feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that patients feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. This indicator measures compliance with the completion of patient experience surveys on CIVICA ensuring that satisfaction rates can be monitored.

Healthier Wales Quadruple Aim 4

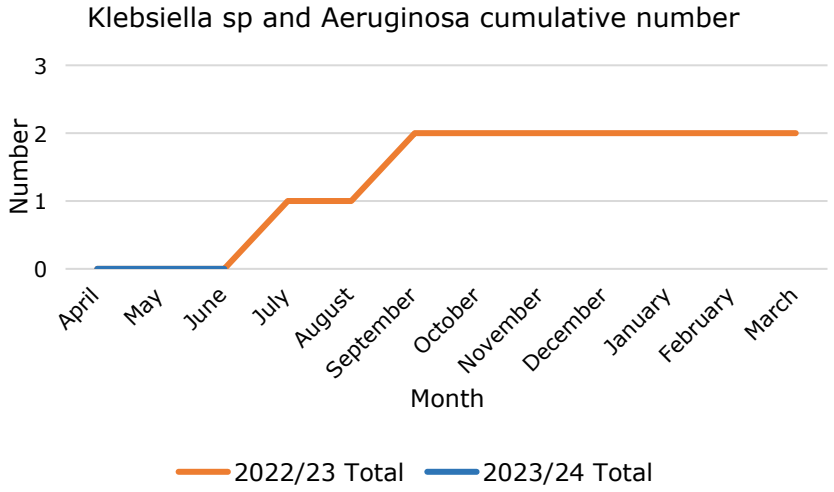
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 47** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

HCAI - Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	

Latest available	Jun-23	
Reported performance	0	
Target	Health Board Specific Target	
Variance	N/A	
Data quality & Source		HCAI Dashboard



What the data tells us

- This measure has been revised for the 2023/24 framework with the combined number of infections for Klebsiella sp and Aeruginosa bacteria.
- The health board reports no cases of either bacteria in 2023/24 to June.

Issues

- Due to PTHB commissioning microbiology results outside of Wales (Wye Valley, Shrewsbury & Telford); results published by PHW will differ. There has been a recent issue, whereby microbiology results from Wye Valley have not been feeding through to ICNET, as they should.

Actions	Recovery by	N/A

Mitigations

- A meeting has been held with IP&C and pathology IT colleagues in Wye Valley, and Baxter (ICNET) to ascertain the issues related to the ICNET feed not capturing results; immediate make safes have been implemented and an internal DATIX has been raised.

Healthier Wales Quadruple Aim 4

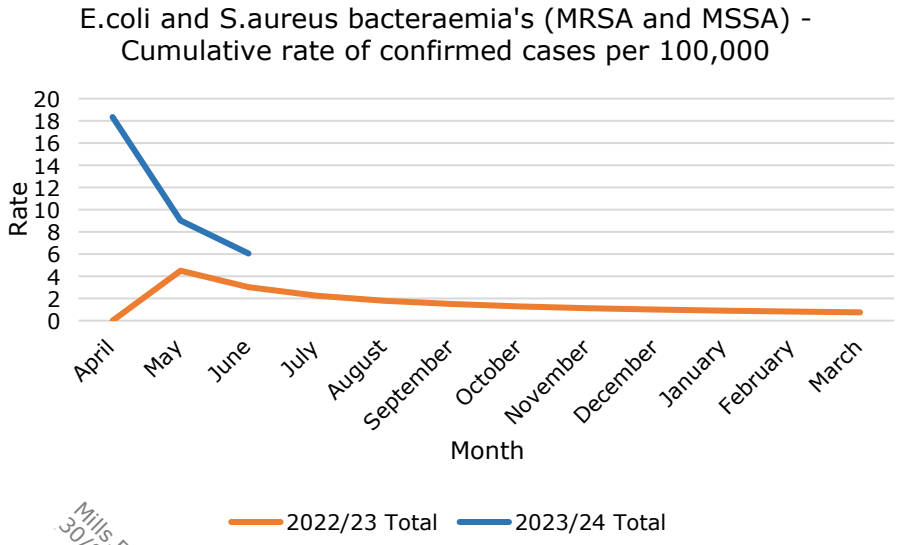
Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 48** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

HCAI - Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	

Latest available	Jun-23	
Reported performance	6.05	
Target	Health Board Specific Target	
Variance	N/A	
Data quality & Source		HCAI Dashboard



What the data tells us

- 2 cases of hospital onset e.coli bacteraemia were identified in April 2023; no further cases of gram-negative bacteraemia have been identified since – this is the same number as the equivalent period in 2022/23. The rate per 100,000 in June has been reported as 6.05.
- The health board has reported 0 cases of MRSA or MSSA bacteraemia for the period Apr-Jul 2023

Issues

- Due to PTHB commissioning microbiology results outside of Wales (Wye Valley & Shrewsbury & Telford); results published by PHW will differ. There has been a recent issue, whereby microbiology results from Wye Valley have not been feeding through to ICNET, as they should.

Actions	Recovery by	N/A

Mitigations

- A meeting has been held with IP&C and pathology IT colleagues in Wye Valley, and Baxter (ICNET) to ascertain the issues related to the ICNET feed not capturing results; immediate make safes have been implemented and an internal DATIX has been raised. PHW colleagues have been informed.

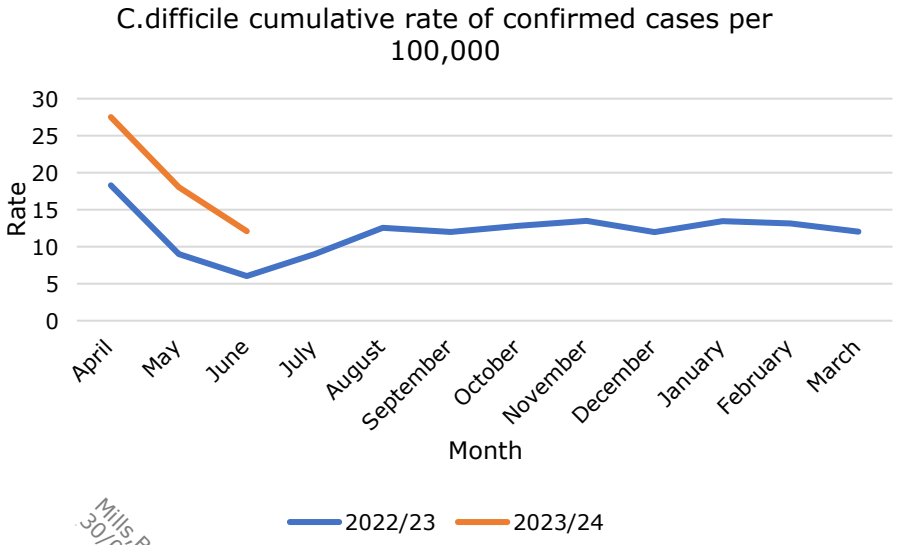
Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 49** | **Powys as a provider**

HCAI - cumulative rate of C.Difficile cases per 100,000 population

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Deputy Director of Nursing	Strategic priority	

Latest available	Jun-23	
Reported performance	12.09	
Target	Health Board Specific Target	
Variance	N/A	
Data quality & Source		HCAI Dashboard



What the data tells us

- 4 cases of c.difficile have been reported for the period April to June 2023; all cases were community acquired. The rate of infection per 100k was 12.09 in this period.
- For the period April to June 2023; there is 1 more c.difficile case than the equivalent period in 2022/23. This figure is likely to rise, due to an error in reporting from commissioning organisations via ICNET. Immediate make safes have been implemented.

Issues

- Post infection reviews (PIR) reviews identified substandard antimicrobial prescribing, which is a contributing factor
- Due to PTHB commissioning microbiology results outside of Wales (Wye Valley, Shrewsbury & Telford); results published by PHW will differ. There has been a recent issue, whereby microbiology results from Wye Valley have not been feeding through to ICNET, as they should.

Actions	Recovery by	N/A

Mitigations

- A joint letter has been sent to GP's from the Chief Pharmacist and Consultant Nurse for IPC outlining the HB's position in relation to antimicrobial prescribing
- A meeting has been held with IP&C and pathology IT colleagues in Wye Valley, and Baxter (ICNET) to ascertain the issues related to the ICNET feed not capturing results; immediate make safes have been implemented and an internal DATIX has been raised.

Healthier Wales Quadruple Aim 4

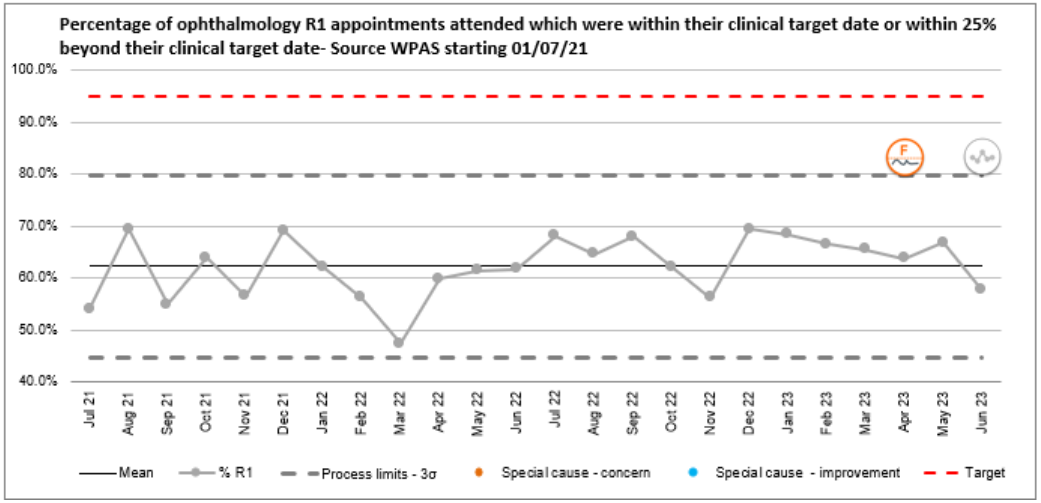
Access & Activity | **NHS Performance Measure - 51** | **Powys as a provider**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Ophthalmology - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5

Latest available	Jun-23		
Reported performance	57.7%	All Wales benchmark	*2nd (62.8%)
Target	95%		
Variance	Common cause		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target reporting to 57.7% at the end of June, performance remains common cause variation. The health board benchmarked 2nd in May 2023 against and All-Wales position of 62.8%.

The quality of this data is still subject to review as part of the waiting list and FUP reporting changes.

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4.
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting outcome of DHCW Review of National Digital Eye Care Programme anticipated Sept 23

Actions | Recovery by: TBC

- Multi-Disciplinary Team (MDT) lead glaucoma management within Planned Care & Community Optometry – service opened Q4 2022/23
- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.

Mitigations

- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience | **NHS Performance Measure - 53** | **Powys as a provider**

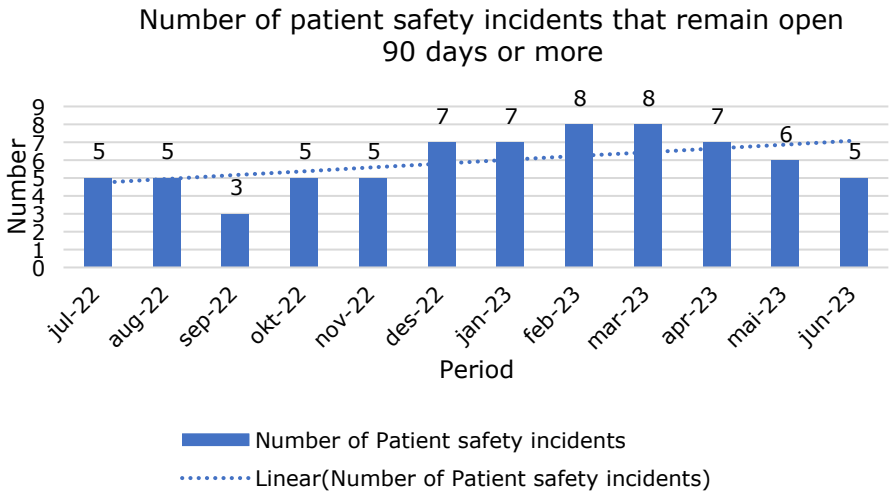
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

New measure for 2023/24

No of nationally reportable patient safety incidents that remain open 90 days or more

Executive lead	Executive Director of Nursing and Midwifery	Officer lead	Assistant Director of Quality & Safety	Strategic priority	

Latest available	Jun-23		
Reported performance	5	All Wales benchmark	3rd (308)
Target	12-month reduction trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



Issues

- Data discrepancies recognised and actions being taken by the HB to address the issue during August 2023 with WG.
- 2 incident open >90days at current time due to complexities of investigations

Actions	Recovery by	TBC

- Address data challenges

Mitigations

- Regular communication with NHS Executive to ensure data is accurate.

What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. NHS organisations are required to report and investigate patient safety incidents in accordance with national policy requirements, ensuring that learning is embedded. This measure will monitor NHS Wales compliance with the standard, ensuring the timely resolution of incidents and identification of lessons learnt.

- Powys reported 5 patients safety incidents that remained open over 90 days in June although reducing through Q1 the 12-month trend remains increasing and not meeting the national target.

Appendix 1

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management	Executive Director of Public Health	Consultant in Public Health	1	% Attempted to quit smoking		5% annual target	Q4 2022/23	3.34%		3.15%	6th	4.17%
	Interim Executive Director of Operations / Director	Assistant Director of Mental Health	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend	Q1 2023/24	65.0%	62.1%	62.2%	5th	59.6%
	Executive Director of Public Health	Consultant in Public Health	3	% of children up to date with scheduled vaccinations by age 5		95%	Q4 2022/23	93.3%	85.8%	89.2%	2nd	88.3%
	Executive Director of Public Health	Consultant in Public Health	4	% of girls receiving HPV vaccination by age 15		90%	Data not available until Q2 2023/24					
			5	Flu Vaccines - 65+		75%	Data currently not available					
			6	% uptake of COVID-19 vaccination for those eligible		75%	Jun-23		65.40%	72.4%	1st	67.1%
	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Senior Manager - Planned Care	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	May-23		0.0%	6.7%	5th	12.4%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Women's and Childrens Services	8	% of well babies completing the hearing screening programe within 4 weeks		90%	May-23	94.4%	97.1%	96.5%	4th	96.9%
			9	% of eligble newborn babies who have a conclusive bloodspot screening result by day 17		95%	Jun-23	48.6%	91.8%	94.7%	6th	95.8%

Appendix 1

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Assistant Director of Primary Care	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
			11	% of primary care dental services (GDS) contract value delivered - New % of primary care dental services (GDS) contract value delivered - New Urgent % of primary care dental services (GDS) contract value delivered - Historic	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24	Data currently unavailable					
			12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 135	Jun-23	87	97	101	1st	6,635
	Medical Director	Chief Pharmacist	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Jun-23	172	339	375	7th	5,728
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	14	Assessments <28 days <18	✓	80%	Jun-23	97.4%	100.0%	100.0%	1st	69.9%
			15	Interventions <28 days <18	✓	80%	Jun-23	70.6%	83.3%	87.5%	1st	49.9%
			16	Assessments <28 days 18+	✓	80%	Jun-23	72.5%	91.6%	92.9%	3rd	65.6%
			17	Interventions <28 days 18+	✓	80%	Jun-23	37.4%	47.2%	62.3%	6th	75.9%
	Interim Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Jun-23	45.0%	46.2%	43.2%	7th	54.6%
			19	Median emergency response time to amber calls	✓	12 month improvement trend	Jun-23	00:00:19	00:36:26	00:43:02	1st	01:01:06
			22	% of patients who spend less than 4 hours in all major & minor emergency care facilitiets from arrival until admission, transfer or discharge	✓	Improvement compared to the same month in 2022-23, towards the national target of 95%	Jun-23	99.9%	100.0%	100.0%	1st	72.5%
			23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	✓	PTHB Trajectory - 0	Jun-23	0	0	0	1st	8,526
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of <150	Jun-23	38	160	117	1st	49,657
			26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Jun-23	100.0%	90.1%	84.7%	4th	85.4%
			27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory - 180	Jun-23	171	273	265	2nd	7,944
			28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory - 0	Jun-23	0	3	4	1st	49,928
			29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - 35	Jun-23	27	98	112	1st	105,705
			30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory - 2,000	Jun-23	479	1902	1667	1st	242,541
			31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory - 0	Jun-23	0	0	0	1st	28,331
			32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory - 10	Jun-23	1	14	14	1st	132,616
		Assistant Director of Mental Health	33	CAMHS % waiting <28 days for first appointment	✓	80%	Jun-23	91.3%	100.0%	100.0%	1st	89.5%
			34	Children/Young People neurodevelopmental waits	✓	80%	Jun-23	90.2%	71.0%	72.1%	1st	32.6%
			35	Adult psychological therapy waiting < 26 weeks	✓	80%	Jun-23	89.6%	93.0%	95.6%	2nd	57.9%

Appendix 1

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Executive Director of Workforce and Organisational Development	Deputy Director of Workforce and OD	36	(R12) Sickness Absence	✓	12 month reduction trend	Jun-23	5.9%	5.7%	5.7%	4th (May-23)	6.45%
			37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Mar-23	13.9%	[illegible]	11.8%	8th	8.07%
	Interim Executive Director of Operations / Director of Community and Mental Health/ Executive Director of Workforce & OD - TBC	Deputy Director of Workforce and OD/Assistant Director of Community Services Group - TBC	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Jun-23	10.8%	12.8%	9.0%	12th (May-23)	5.2%
	Executive Director of Workforce and Organisational Development	Deputy Director of Workforce and OD	39	Performance Appraisals (PADR)	✓	85%	Jun-23	72.2%	74.0%	74.00%	3rd (May-23)	69.1%

Appendix 1

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Head of Information-Digital Transformation and Informatics	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	May-23	100.0%	85.9%	100%	1st	74.3%
			41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	May-23		0.00%	0.00%	8th	48%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Jun-23	10.80%	10.40%	9.50%	7th	14%
			43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Jun-23		69	63	2nd	1,625
		Assistant Director of Mental Health	44	% residents with CTP <18	✓	90%	Jun-23	97.1%	98.0%	89.0%	4th	91.2%
			45	% residents with CTP 18+	✓	90%	Jun-23	84.7%	81.3%	80.0%	5th	77.2%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Data currently not available					
	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target	Jun-23		0	0	PTHB is not nationally benchmarked for infection rates	
			48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target	Jun-23		9.02	6.05		
			49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target	Jun-23	3.02	18.04	12.09		
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Jun-23	61.8%	66.8%	57.7%	5th	61.5%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend	Jun-23	5	6	5	3rd	308

Appendix 2

Progress against Ministerial Priorities 2023/24

Submitted trajectories vs Actuals

Ministerial Priority Measures			Month										
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90
		Actual	94	97	101									
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	1	3	4									
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0
		Actual	67	98	112									
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0									
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0
		Actual	16	14	14									
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0
		Actual	159	160	117									
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0
		Actual	243	273	265									
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0
		Actual	4,763	1902	1667									
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0	0	0									

Appendix 3

Powys Measures are key metrics that are reported, these are either locally defined or historic & retired NHS Performance Framework measures that remain key for assurance

Executive Lead	Officer Lead	No.	Powys Measures	Target	Reporting Frequency	Month	12 months Previous	Previous Period	Current Period
Medical Director		PM1	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Monthly	Jun-23		1.94%	
Medical Director	Chief Pharmacist	PM2	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Quarterly	Q4 2022/23	0.10%	0.09%	0.10%
Director of Nursing and Midwifery	Assistant Director of Quality and Safety	PM3	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Quarterly	Q1 2023/24	35%	64%	81%
Executive Director of Public Health	Consultant in Public Health	PM4	2 doses of the MMR vaccine by age 5	95%	Quarterly	Q4 2022/23	94%	88%	90%
Executive Director of Public Health	Consultant in Public Health	PM5	Flu Vaccines - Health Care Workers	55%	Monthly				
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM10	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	12 month reduction trend	Monthly	Apr-23	35	53	58
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM11	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	13 month reduction trend	Monthly	Apr-23	83.5%	76.5%	81.3%
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM12	Number of diagnostic endoscopy breaches 8+ weeks	Improvement trajectory towards a national target of zero by Spring 2024	Monthly	Jun-23	18	17	20
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM13	RTT patients waiting more than 36 weeks	Improvement trajectory towards a national target of zero by 2026	Monthly	Jun-23	71	211	203
Director of Operations/Director of Mental Health	Assistant Director of Community Services	PM14	RTT patients waiting less than 26 weeks	95%	Monthly	Jun-23	95.3%	92.2%	92.7%
Executive Director of Workforce & OD	Head of Workforce	PM15	Core Skills Mandatory Training	85%	Monthly	Jun-23	84%	84%	83%
Medical Director	Chief Pharmacist	PM16	Total antibacterial items per 1,000 specific therapeutic age-sex related prescribing units (STAR-PU)	Quarterly reduction of 5% against a baseline of 2019-20	Quarterly	Q4 2022/23	230.3	333.2	290.7
Medical Director	Chief Pharmacist	PM17	Number of patients 65+ years prescribed an antipsychotic	Quarter on quarter reduction	Quarterly	Q4 2022/23	489.0	502.0	489.0
Medical Director	Chief Pharmacist	PM18	Opioid average daily quantities per 1,000 patients	4 Quarter reduction trend	Quarterly	Q4 2022/23	4040.0	4261.0	4119.0

Powys THB Finance Department
Financial Performance Report
Delivery and Performance Committee

Period 04 (July 2023)
FY 2023/24

Date Meeting: 31 August 2023
Item 2.3

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 4 OF FY 2023/24**
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee on 23 August

PURPOSE:

This paper provides the Board with an update on the July 2023 (Month 04) Financial Position, including progress with savings delivery.

RECOMMENDATION:

It is recommended that the Board/Committee:

- DISCUSS and NOTE the Month 04 2023/24 financial position
- DISCUSS and NOTE the 2023/24 financial forecast deficit position

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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

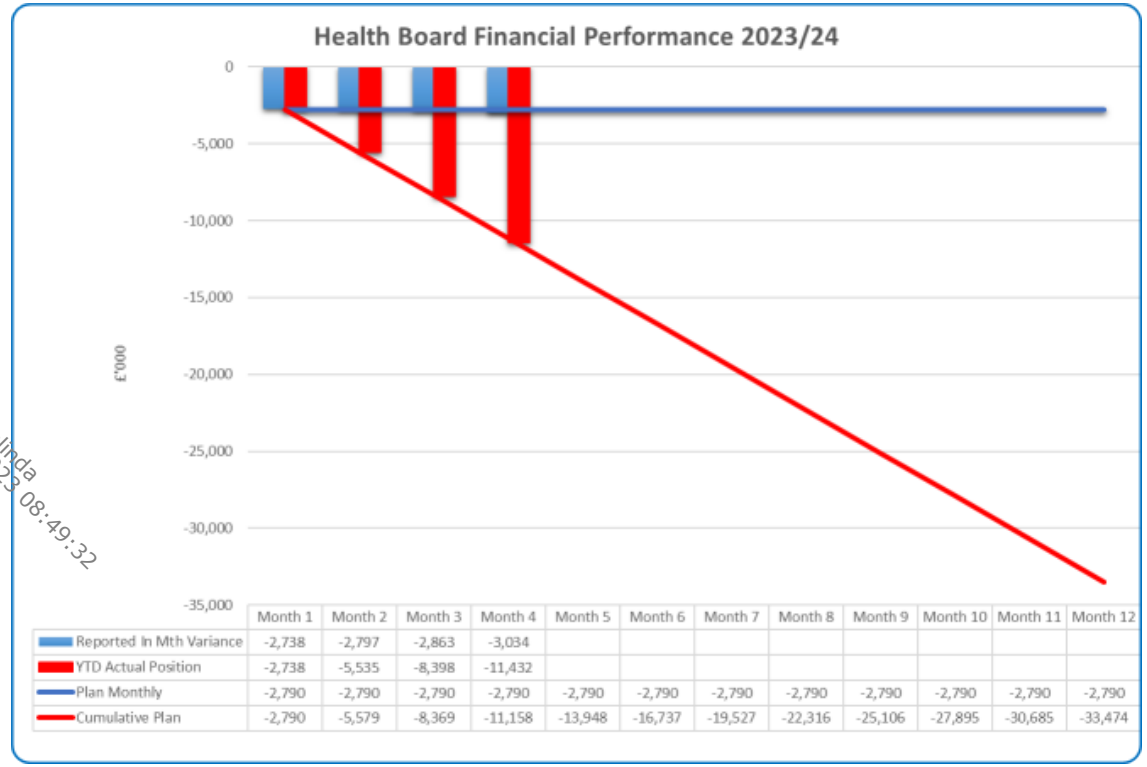
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy	✖
	• Safe Care	✖
	• Effective Care	✖
	• Dignified Care	✖
	• Timely Care	✖
	• Individual Care	✖
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✖

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2023/24

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by Welsh Government	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus – Red	-2,790	-3,034	↓
Reported Year To Date financial position – (deficit)/surplus – Red	-11,158	-11,432	↓
Year end – (deficit)/surplus – Red	-33,474	-33,474	→

Capital		
	Value £'000	**Trend**
Capital Resource Limit	3,588	→
Reported Year to Date expenditure	0.486	→
Reported year end – (deficit)/surplus – Forecast	0	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-2,738	-2,797	-2,863	-3,034								
YTD Actual Position	-2,738	-5,535	-8,398	-11,432								
Plan Monthly	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790	-2,790
Cumulative Plan	-2,790	-5,579	-8,369	-11,158	-13,948	-16,737	-19,527	-22,316	-25,106	-27,895	-30,685	-33,474

Powys THB 2023/24 Plan was agreed by the Board and submitted to WG on 31 March 2023. It included a financial deficit of £33.474m.

At month 4, there is a £11.432m overspend against the planned deficit of £11.158m giving the Health Board an operational overspend of £0.274m.

The year end forecast is in line with the submitted plan at £33.474m.

The capital resource limit for 2023/24 is £3.588m. To date £0.486m has been spent.

DAY FIVE – Flash

- Overspend on commissioning budget, due to increased emergency activity at providers and savings yet to be found.
- Emerging overspend on primary care prescribing has continued.
- Agency expenditure of £953k in July, means it is the highest month.
- Underspend on some funding streams.
- CHC is moving over budget. Net increase of 3 packages of care, so up to 299, masks growth in mental health (MH) and cost growth of MH packages.

Revenue Variance Position 2023/24

Overall Summary of Variances £000s

	Budget YTD	Actual YTD	Operational Variance
01 - Revenue Resource Limit	(130,134)	(130,134)	0
02 - Capital Donations	(43)	(43)	0
03 - Other Income	(2,357)	(2,563)	(206)
Total Income	**(132,534)**	**(132,740)**	**(206)**
05 - Primary Care - (excluding Drugs)	14,583	14,380	(203)
06 - Primary care - Drugs & Appliances	11,513	11,809	296
07 - Provided services -Pay	36,401	37,210	808
08 - Provided Services - Non Pay	9,696	8,846	(850)
09 - Secondary care - Drugs	501	477	(23)
10 - Healthcare Services - Other NHS Bodies	54,117	54,703	586
12 - Continuing Care and FNC	9,648	9,656	8
13 - Other Private & Voluntary Sector	1,258	1,115	(142)
14 - Joint Financing & Other	3,071	3,071	(0)
15 - DEL Depreciation etc	1,656	1,656	0
16 - AME Depreciation etc	1,247	1,247	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**143,692**	**144,172**	**480**
Reported Position	**11,158**	**11,432**	**274**

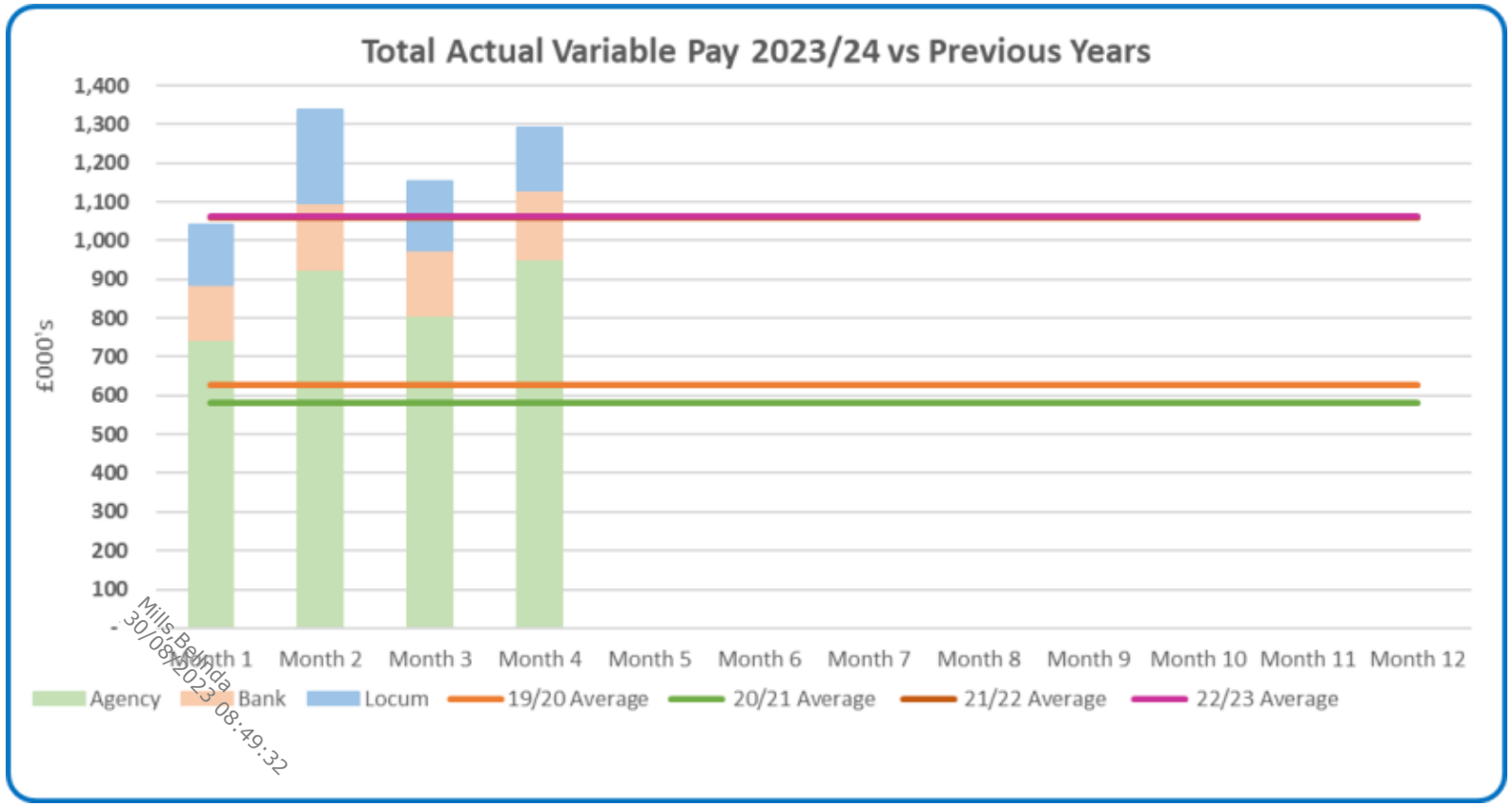
At Month 04, there is a £11.432m overspend. This comprises four twelfths of the planned deficit £11.158m, plus an operational overspend of £0.274m.

The most significant adverse variance is on pay budgets at £0.808m:

- driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April to July than it was for the equivalent months last year;
- Also, partially as a result of the favourable income variance (as income is being received to fund posts).

Health Board Agency Spend

We are focused on this because:
Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and achieving the financial plan. Agency spend is far too high and is adversely impacting upon our use of resources (and wider outcomes).



Performance and Actions

- The Month 04 YTD pay is showing an overspend of £0.808m against the year-to-date plan. The current level of vacancies is 287 (13%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 4 months of 2023/24 compared to the average value from each of the last 4 financial years. Powys appears to be an outlier within NHS Wales as agency spend was 9.45% of total pay in M03, against the Wales average of 5.4%.
- The HB's Variable Pay Reduction group is in the process of finalising an action plan.

Risks

- Level of agency (% of pay).
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and demand price pressures leading to growing use of off-contract agencies.

What the charts tells us: Agency usage is at an unsustainable level and poses a significant risk to the achievement of the financial plan.

Commissioning and Contracting

We are focused on this because:
Commissioning of healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the Accelerated Sustainability Model.

Status Update

At Month 04 overspend of £0.586m on year-to-date budget of £54.117m. This predominantly comprises £204k due to savings shortfall YTD and £327k with cross border providers.

LTAs for 2023/24 are in the process of being agreed with our providers in England.

Commissioning Forecast 2023/24

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	40,502
English Providers	61,013	65,033	68,733
WHSSC / EASC	44,608	48,694	49,111
Other NHS Providers	4,374	4,501	4,869
Mental Health	742	851	895
Total	**149,274**	**157,851**	**164,110**

Risks

- Providers exceed their RTT recovery targets.
- Winter pressures and capacity of the system generally to treat patients and thus avoid secondary care admissions.
- Delivery of saving plans.

2023/24 forecast is less certain due to pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% / English providers 3.4% (This is set to change once pay awards have been settled).
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- Activity information for the first Quarter informs the forecast. A trend of increased emergency presentations has been noted, which is under investigation. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.
- To date, the HB has experienced 1,555 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £917k to date.

CHC Forecast 2023/24

We are focused on this because:
Commissioning of complex healthcare packages is an area of significant expenditure growth (price inflation and number of packages).
Maintaining strong and transparent governance over CHC processes is crucial for financial sustainability and relationships with our partners.

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000
Children	267	151	157	296	324	303	7
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,234	773
Mental Health	7,344	7,801	10,611	13,949	16,487	15,735	1,786
Mid Locality	981	925	1,635	1,882	1,560	1,988	106
North Locality	1,365	1,537	2,098	2,646	2,907	2,961	315
South Locality	1,495	1,958	1,853	1,904	2,068	1,964	61
Grand Total	**12,410**	**13,941**	**17,994**	**23,138**	**25,927**	**26,187**	**3,048**
Number of active clients	**236**	**252**	**294**	**307**	**307**	**299**	**(8)**
D2RA				**696**	**648**	**581**	**(115)**
FNC	**2,218**	**2,095**	**1,960**	**2,131**	**2,370**	**2,270**	**139**
Total	**14,628**	**16,035**	**19,954**	**25,966**	**28,945**	**29,038**	**3,072**

Performance and Action
The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 4, there is an overspend of £0.008m on year-to-date budget of £9,648m against Continuing Care and FNC.

The number of CHC packages has increased by 3 from 296 to 299 in July.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGHs, prior to full CHC assessment.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 23/24 above that planned for.

What the table tells us

The table shows the significant growth in CHC costs across all categories (mental health, learning disability, children and frail adults). If this continues unabated it poses a significant risk to the achievement of the financial plan and medium-term sustainability.

Health Board 2023/24 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Director of Environment	251	0	0	0	264	251	0%
Finance	558	50	504	554	350	4	99%
Medical	504	559	128	687	0	(183)	136%
Nursing	21	22	0	22	0	(1)	102%
Planning & Performance	2,570	496	2,301	2,797	246	(226)	109%
Primary & Community Care & MH/LD	1,464	112	1,240	1,353	914	111	92%
Therapies Directorate	12	52	0	52	0	(40)	430%
Public Health	2,089	2,087	0	2,087	2	2	100%
Workforce & Organisational Development	17	16	0	16	0	1	96%
Chief Executive	14	37	0	37	0	(23)	266%
Grand Total	**7,500**	**3,430**	**4,174**	**7,604**	**1,776**	**(104)**	**101%**

Performance and Actions

- The 2023/24 Financial Plan is a deficit of £33.5m, this is predicated on the Health Board achieving £7.5m savings.
- As shown in the table £7.6m schemes have been identified (£3.4m Green and £4.2m Amber), with a further £1.8m Red pipeline ideas.
- The HB is overperforming against savings profiled to date by £27k.
- There are two key actions:
  - Develop increased certainty on amber schemes so that they turn green.
  - Red pipeline opportunities need to be converted into deliverable plans and further opportunities identified.

Note: RAG rating is per WG's guidance in WHC (2023) 012: Welsh Health Circular 2023 012 (English).pdf

Performance of Schemes

Lead	Green and Amber									RED		
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	4	150	180	30	554	620	67	554	645	3	350	400
Medical	7	62	138	76	687	687	(0)	687	752	0	0	0
Planning & Performance	5	585	585	0	2,797	2,796	(1)	2,301	2,300	1	246	493
Primary & Community Care & MH/LD	22	160	81	(79)	1,353	1,397	45	1,377	1,459	47	914	1,407
Therapies Directorate	3	12	12	0	52	52	0	59	59	0	0	0
Public Health	2	696	696	0	2,087	2,087	0	2,087	2,087	1	2	3
Workforce & Organisational Developm	2	5	5	0	16	16	0	16	16	0	0	0
Chief Executive	1	19	19	0	37	37	0	0	0	0	0	0
Director of Environment	0	0	0	0	0	0	0	0	0	10	264	471
Nursing	7	2	2	0	22	22	0	22	22	0	0	0
Grand Total	**53**	**1,691**	**1,718**	**27**	**7,604**	**7,714**	**111**	**7,103**	**7,340**	**62**	**1,776**	**2,774**

Risks

Timescales and capacity of teams to deliver the schemes. This risk is currently quantified at £835k, 20% of amber schemes.

What the tables tells us

Focus is on converting opportunities into deliverable schemes. Particularly recurrent schemes to impact upon the underlying financial deficit.

Summary & Key Messages

Summary:

- PTHB has submitted a plan with a £33.5m planned deficit for 2023/24
- At month 4, PTHB is reporting a £11.432m overspend. This comprises four twelfths of the planned deficit £11.158m with an operational overspend of £0.274m.
    - The £7.5m savings target is profiled into the position. Actions are progressing to deliver the savings identified.
    - The key operational pressure needing to be addressed is agency expenditure.
- The revenue forecast for 2023/24 is £33.5m in line with the Financial Plan. This is also the underlying deficit of the Health Board.
- The Health Board has a £3.588m capital allocation, which it will manage within.
- Due to the £33.5m planned financial deficit, the THB will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

Powys THB Finance Department
Financial Performance Report - Appendices

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Powys Teaching Health Board

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 11th August 2023.

MMR Narrative

https://
s365.sharepoint.co

MMR Tables

https://
s365.sharepoint.co

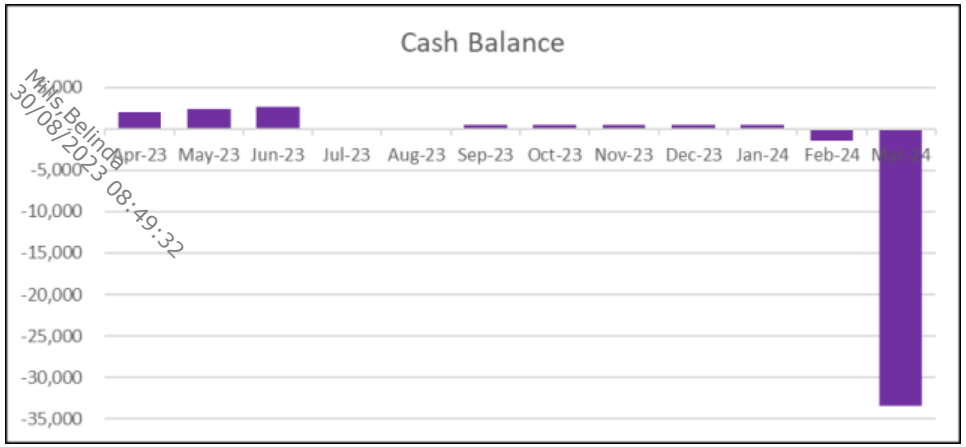
Capital 2023/24

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st July 2023
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.993	0.993	0.413
EFAB Infrastructure	0.406	0.406	0.008
EFAB Fire	0.107	0.107	0.000
EFAB Decarbonisation	0.378	0.378	0.000
Llandrindod Fees	0.236	0.236	0.064
Replacement Roofing, Bronllys Hospital	1.468	1.468	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**3.588**	**3.588**	**0.485**

Cash Flow 2023/24

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**1,268**	**2,011**	**2,438**	**2,598**	**118**	**100**	**500**	**500**	**500**	**500**	**500**	**- 1,477**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,945	35,845	30,486	32,905	32,889	33,172	30,016	0
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	21	10	62	5	21	209	1,074	1,514
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	143	478	437	756	553	876
Income from other Welsh NHS Organisations	1,137	509	489	875	600	600	600	600	600	600	600	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	229	600	600	600	600	600	600	600	600
Total Receipts	39,303	36,149	43,020	35,746	37,036	37,175	31,761	34,458	34,417	35,207	32,713	3,460
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	1,998	2,366	2,407	2,433	2,400	2,400	2,871	2,557	2,520
Primary Care Services : Pharmacy Services	904	0	845	417	450	900	0	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	1,494	1,900	3,800	0	1,900	1,900	1,900	1,900	1,900
Primary Care Services : General Dental Services	307	465	545	628	450	450	450	450	450	450	450	450
Non Cash Limited Payments	81	81	88	85	80	80	80	80	80	80	80	80
Salaries and Wages	8,918	8,647	9,864	9,261	9,000	9,000	9,000	9,000	9,000	9,000	9,000	9,000
Non Pay Expenditure	22,723	24,070	25,201	24,212	22,697	19,939	19,700	19,700	19,700	19,700	19,700	20,050
Capital Payment	53	73	228	131	111	199	98	478	437	756	553	1,006
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	38,226	37,054	36,775	31,761	34,458	34,417	35,207	34,690	35,456
NET CASH FLOW IN MONTH	**743**	**427**	**160**	**(2,480)**	**(18)**	**400**	**0**	**0**	**0**	**0**	**(1,977)**	**(31,996)**
Balance c/f	**2,011**	**2,438**	**2,598**	**118**	**100**	**500**	**500**	**500**	**500**	**500**	**(1,477)**	**(33,473)**



Due to the £33.5m planned financial deficit, the THB will require Revenue Working Capital Cash in the latter part of the year (months 11 and 12).

Balance Sheet 2023/24

	Opening Balance Beginning of Apr-22 £'000	Closing Balance End of Jul-23 £'000	Forecast Closing Balance End of Mar-24 £'000
Tanglible & Intangible Assets	104,855	105,396	105,396
Trade & Other Receivables	18,154	19,570	19,570
Inventories	147	147	147
Cash	1,268	118	(33,473)
Total Assets	**124,424**	**125,231**	**91,640**
Trade and other payables	52,318	36,563	36,563
Provisions	13,369	13,369	13,369
Total Liabilities	**65,687**	**49,932**	**49,932**
Total Assets Employed	58,737	75,299	41,708

Financed By			
General Fund	11,604	28,166	(5,425)
Revaluation Reserve	46,625	46,625	46,625
Total Taxpayers' Equity	58,229	74,791	41,200

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2023/24 Financial Plan

Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

Core Financial Plan Year 1 2023/24

Financial Plan	(£m)
Underlying deficit	18.6
Inflationary pressures	8.9
Demand/ service growth	7.4
Net effect of allocation adjustments and COVID	6.1
Mitigating actions	(7.5)
TOTAL DEFICIT	**33.5**

The 2023/24 Financial Plan is a deficit of £33.5m

Range of significant risks to be managed

All Health Boards asked to revisit the Financial Plan to reassess the underpinning assumptions and actions with an aim of reducing/ providing greater assurance on the forecast financial deficit

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 2.4

Delivery and Performance Committee	**31 August 2023**
Subject:	**Continuing Health Care – Performance and System Challenges**
Approved by:	Executive Director Operations / Primary, Community Care and MHLD
Presented by:	Executive Director Operations / Primary, Community Care and MHLD
Prepared by:	Assistant Director: Community Services Group
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

To update Delivery and Performance Committee of the current operational and financial performance in relation to Continuing Health Care, and to provide an overview of existing mitigation and further actions to be taken to improve the organisational position.

RECOMMENDATION(S):

The Committee is asked to:

- Review and discuss the content of this report.
- Note the actions of the service to manage service demand and contain costs.

Approval/Ratification/Decision[1]	Discussion	Information
	✓	

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1.Focus on Wellbeing	✓
	2.Provide Early Help and Support	✓
	3.Tackle the Big Four	
	4.Enable Joined up Care	✓
	5.Develop Workforce Futures	✓
	6.Promote Innovative Environments	✓
	7.Put Digital First	✓
	8.Transforming in Partnership	✓
Health and Care Standards:	1.Staying Healthy	✓
	2.Safe Care	✓
	3.Effective Care	✓
	4.Dignified Care	✓
	5.Timely Care	✓
	6.Individual Care	✓
	7.Staff and Resources	✓
	8.Governance, Leadership & Accountability	✓

GLOSSARY:

Continuing Health Care (CHC)

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive NHS CHC funding individuals, have to be assessed by Health Boards (HBs) according to a legally prescribed decision making process to determine whether the individual has a 'primary health need'.

[1] Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

Childrens CHC
NHS continuing healthcare is for adults. Children and young people may receive a "continuing care package" if they have needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

Funded Nursing Care (FNC)
NHS-funded nursing care is when the NHS pays for the nursing care component of nursing home fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.

BACKGROUND:

Continuing Health Care (CHC) is a complete package of ongoing care arranged and funded solely by the NHS through local health boards (LHBs), where an individual's primary need has been assessed as health-based. CHC is one aspect of care which people with complex needs may need as the result of disability, accident or illness to address both physical and mental health needs. Given the nature, intensity, complexity and unpredictability of those needs, these services account for a significant proportion of NHS healthcare overall.

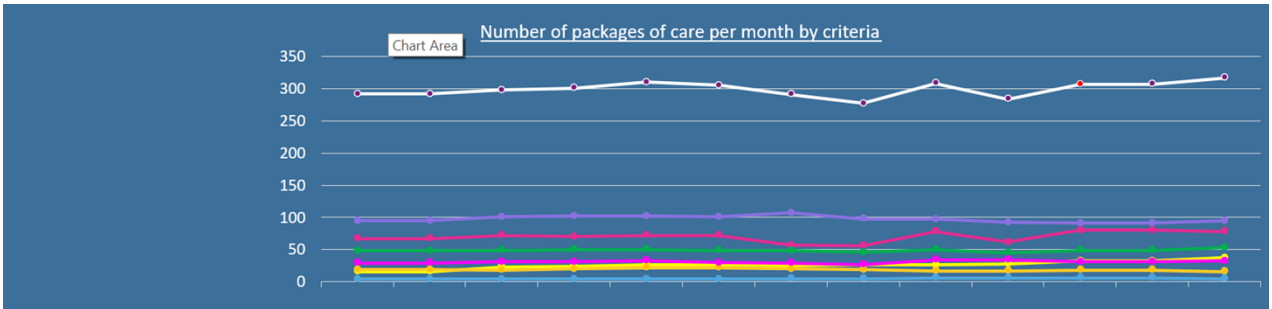
CHC can be provided in any setting outside hospital, such as in a person's own home, in a care home, hospice or in a prison and is part of the continuum of care and support that an individual with complex needs may move in and out of.

All Health Boards have a responsibility to provide access to the funding for such care, and in Powys Teaching Health Board (PtHB), this function is provided by teams across the Community Services Group (who facilitate CHC for adult patients), Mental Health & Learning Disability, and Womens & Children services. This ensures that teams with the relevant speciality skills and decision making are available to support this function, and at the same time, work across a range of services in order to maximise service capacity.

Across adult & mental health / learning disability pathways, typically, applications for assessment are received and undertaken by front line teams (such as ward based or community-based nurses). The specialist functions of quality assurance, review, care commissioning, contracting and reporting are then undertaken by the smaller complex care teams within each Division. It is worth noting that these teams are additionally responsible for supporting the wider monitoring and review of the provider market, working alongside Powys County Council (PCC) teams to inform safeguarding procedures, investigation of concerns and performance monitoring, which additionally impacts their broader capacity.

POWYS ACTIVITY & COSTS

Chart 1



	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Adult Mental Health	67	67	72	70	72	72	57	56	78	62	80	80	78
Adult Palliative Care	16	16	23	24	27	27	25	26	26	28	32	32	37
Children	4	4	4	4	4	4	5	5	6	6	6	6	5
Community Based/Home Care Support	19	19	18	20	22	22	20	19	17	17	18	18	16
Elderly Mentally Ill Nursing Home	95	95	101	102	102	101	107	98	97	92	91	91	95
General Nursing	48	48	49	50	50	49	48	46	50	45	49	49	53
Learning Disability	29	29	31	31	33	30	29	27	34	34	31	31	32
Grand Total	292	292	298	301	310	305	291	277	308	284	307	307	317

Chart 1 shows the numbers of active 'packages of care' that have been commissioned under Continuing Health Care and remain active at Month 2 of this year. This reflects care that is not only provided at home (including by domiciliary care providers) but where patients are in receipt of care in residential and nursing homes.

Chart 2

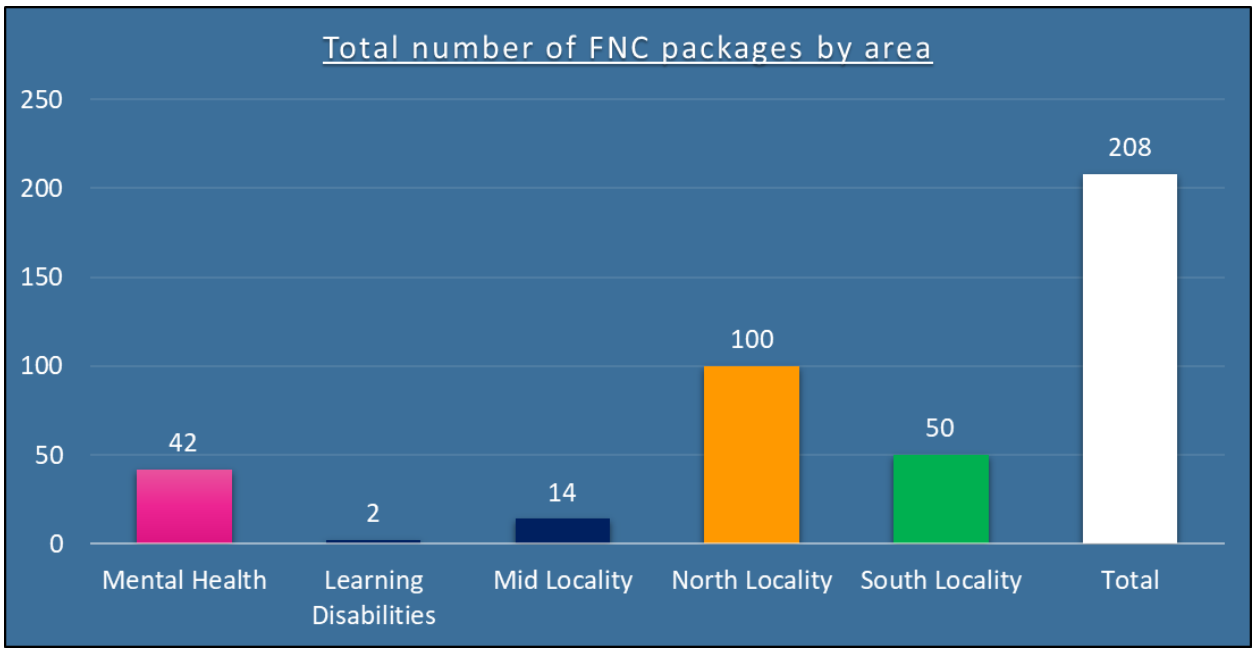


Chart 2 shows the numbers of Funded Nursing Care patients that were actively funded by the Health Board at month 2. Patient numbers broken down into locality numbers reflect adult patients with nursing needs. Further data quality analysis is required to ensure accurate recording (especially of the geographical original residence of patients), and this work will continue into quarters 3 and 4) as this may explain the difference between the number of FNC cases in North Powys compared to South and Mid Powys.

As well as the commissioning of care, Health Boards are responsible for undertaking reviews of patients for whom care is funded. Such reviews would be expected to take place at 3 months and then every 12 months and provide the opportunity for the Health Board to not only ensure that care is optimal, but that ongoing funding (and costs) remain relevant.

Chart 3 then shows the numbers of reviews undertaken by teams during Month 2. These numbers will fluctuate, according to workforce availability, competing demand for new assessments and complexity, but would not be considered out with a usual level of activity for reviews per month. Unfortunately, however, activity significantly outstrips demand, and more detail will be provided later in this report.

Chart 3

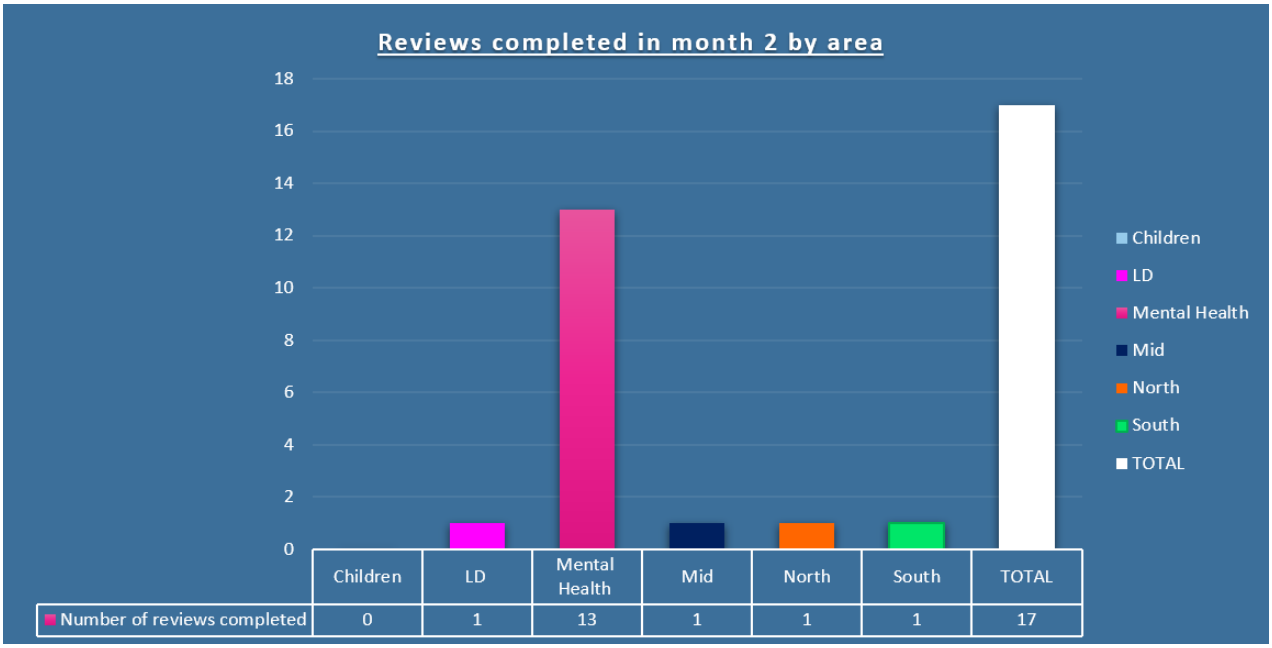
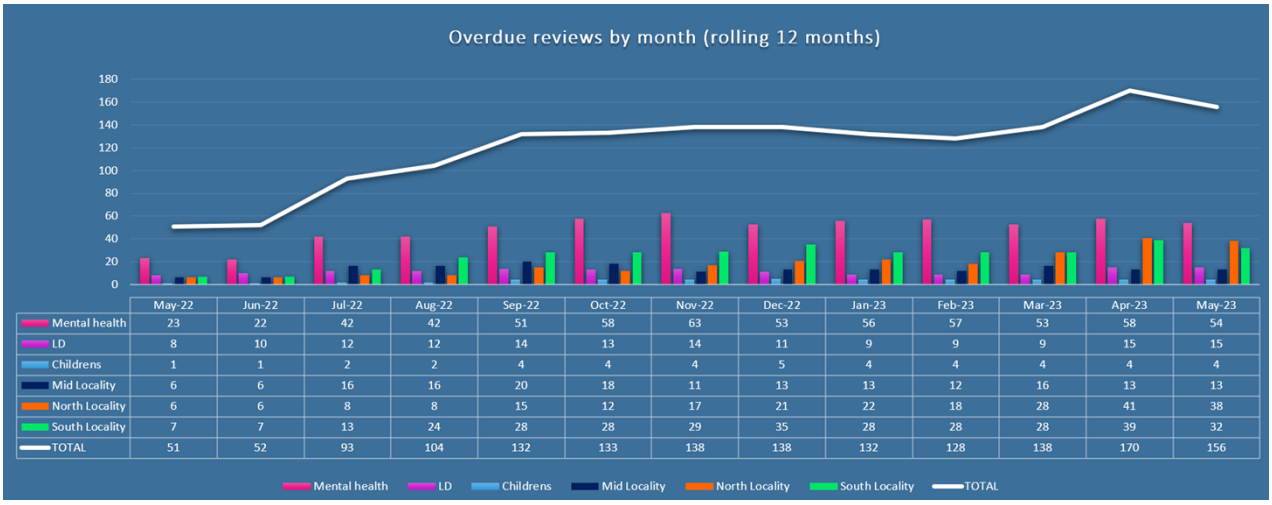


Chart 4 demonstrates numbers of outstanding reviews at Month 2. Reducing overdue reviews is a key priority. Within the Mental Health, the complex care team have carried vacancies and long-term sickness amongst the team which has impacted upon performance and has been addressed. Within the Community Service Group and general health services, a demand and capacity analysis in terms of the resource requirements for Complex Care Nurses is required to identify the requirement to adequately manage demand. This will be addressed in quarter 3.

Chart 4



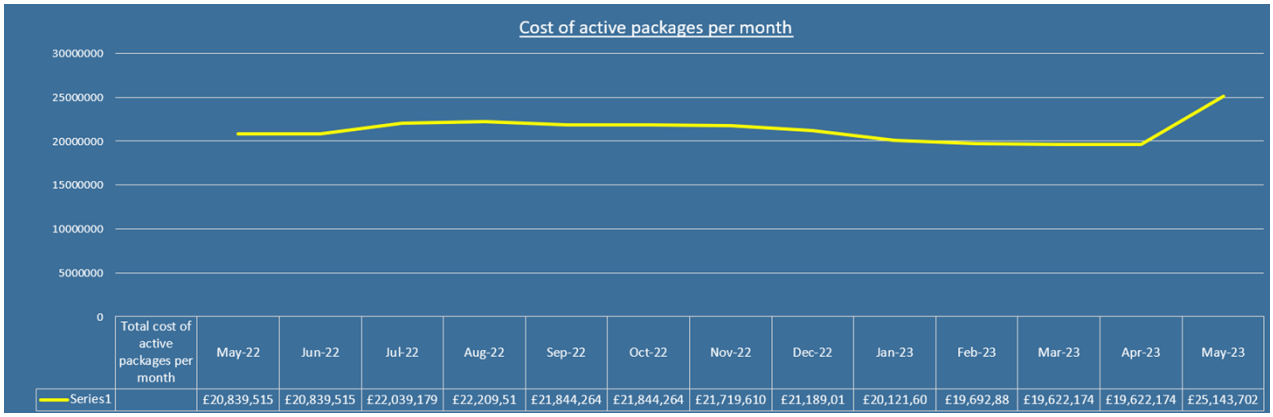
	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Mental health	23	22	42	42	51	58	63	53	56	57	53	58	54
LD	8	10	12	12	14	13	14	11	9	9	9	15	15
Childrens	1	1	2	2	4	4	4	5	4	4	4	4	4
Mid Locality	6	6	16	16	20	18	11	13	13	12	16	13	13
North Locality	6	6	8	8	15	12	17	21	22	18	28	41	38
South Locality	7	7	13	24	28	28	29	35	28	28	28	39	32
TOTAL	51	52	93	104	132	133	138	138	132	128	138	170	156

A brief overview of costs for PtHB is also provided and both ***Table 5*** and **Chart 5** shows the spend as at Month 2.

Table 5

Criteria	No. of Active Packages	Total Cost of active packages	Active packages apportioned by Annual HB Forecast Spend %
Adult Mental Health	75	£ 7,136,509	27%
Adult Palliative Care	49	£ 2,160,412	8%
Children	5	£ 303,298	1%
Community Based/Home Care Support	18	£ 1,922,176	7%
Elderly Mentally Ill Nursing Home	86	£ 6,963,124	27%
General Nursing	44	£ 3,682,328	14%
Learning Disability	29	£ 2,975,856	11%
Grand Total	**306**	**£25,143,702**	

Chart 5



The significant increase in the cost of packages between April 23 and May 23 is explained by the inflationary uplift given to providers at the start of the financial year (both local providers) and Mental Health specialist providers who are commissioned via a National Framework contract.

The service will continue to closely manage requests for inflationary uplifts (especially those commissioned on an individual patient basis) as additional requests for uplifts are increasing from providers mid-year.

INITIAL IMPROVEMENT ACTION:

In early 2022, it was recognised that significant cost pressures were being realised across all pathways of Continuing Health Care (CHC) in Powys, alongside variation in practice and performance within the different services. In response, an action plan was developed, which was further refreshed later in the year, and this was implemented and monitored by the Complex Care Improvement programme, which provided review and challenge through the remaining financial year, reporting directly to the responsible Executive lead.

In addition, some clinical support was provided to the Health Board through a review from a neighbouring Health Board, and our teams continue to engage both directly with the National lead and in wider national forums for CHC.
Whilst some of the actions undertaken have delivered the intended improvements, such as governance, process and documentation, some further actions have taken time to progress.

Data improvement
All teams currently rely upon Excel spreadsheets to record patient level details, and from which performance data, finance data and clinical decision making information needs to be extracted. Understandably such systems are limited, in that data is not then available in a sufficiently detailed form, and often it is difficult to effectively understand the service.
In response, a piece of work has been undertaken to identify a more effective data system, and following extensive engagement with the market, other Health Boards and testing by finance, digital teams and information governance, a provider of choice has been identified in 'Broadcare'. The teams are now following procurement rules in order to secure this system, and it is believed that much improved performance information can be identified from the use of this system. This will help the organisation to better understand the demand and capacity of the teams, improve timeliness of transactions and even inform decisions around costs.

Standardising team approach

Recognising that the very small numbers of packages of care (albeit even more complex) that exist in the children's team, there is much greater crossover of patients between adult and MH&LD teams. At the same time, there are different processes, performance and costs, but it is not always easy to understand why processes might be different, how the teams can work more effectively together and what gains might be achieved from this. In response, the Director of Operations has agreed to explore a single model of line management between the two teams, supported by the current Assistant Director structure.

Despite the reported improvement actions, and current focus on data and management, it is however clear that significant issues and risks remain across the Continuing Health Care function.

ISSUES & RISKS:

Performance risks

It is clear from the numbers shown in **chart 4**, that the overall trend relating to delays in assessment is rising. As highlighted, the limitations of organisational data present some difficulty in demonstrating the cause for this, but a number of reasons have been identified by the teams.

Post pandemic change in process	Following the cessation of covid measures, where reviews were nationally de-prioritised, a return to business as usual has seen a significant number of patients well outside the usual review period.
Retrospective requests	Also during the pandemic, many pathways of care were prioritised to limit the congestion of patients in hospital. This resulted in significant numbers of patients receiving funded care outside of hospital, where again such funding streams have now ceased. As a result, teams have received a rise in requests from families for retrospective funding of CHC, which are time consuming for a small team.

Workforce capacity / growing demand	As well as the competing demands being seen by the teams as already described, the pressure to maintain hospital flow (and the need to process new applications) appears to be growing. This includes all elements of the function, with the need to quality assure applications, apply scrutiny & challenge, seek interest from the market, provide a contracting framework to providers and provide correspondence to all parties. At the same time, front line teams (who undertake the assessments) are similarly challenged, and with the need to coordinate assessments between social care, families and health teams, such assessments can take many weeks to complete.
Fast track applications	'Fast track' applications refer to CHC requests for care when a patient has entered the terminal phase of life. The eligibility criteria for CHC funding does not change, but due to the time limited opportunity to meet the patient need, such applications must be prioritised. Again, data limitations make it difficult to fully understand, but there is early indication that in 23/24, a sharp rise has been seen in such applications.
Complexity of need	Also linked to the rise being seen in costs associated with CHC funding, the level of care expected to be provided outside of hospital has increased. This then requires a need to carefully understand the patient need (and the provider capability) and such assessments can be more time consuming and resource hungry. Where patients then demonstrate safeguarding needs, behavioural needs and / or shared care, this only further extends the time required to arrange safe community-based care.

One area where the increased complexity can be demonstrated with a high level of confidence in the data is within Mental Health & Learning disability (MHLD) services. The introduction of Broadcare will support CSG to reach the same standard of data confidence.

Table 6

Need Type	April 2019	March 2023
Funded Nursing Care	69	46
EMI	48	94
Complex Adult Mental Health	54	80
Learning Disabilities	22	30

Table 6 illustrates the changes in complexity and demand over the past 4 years within MHLD.

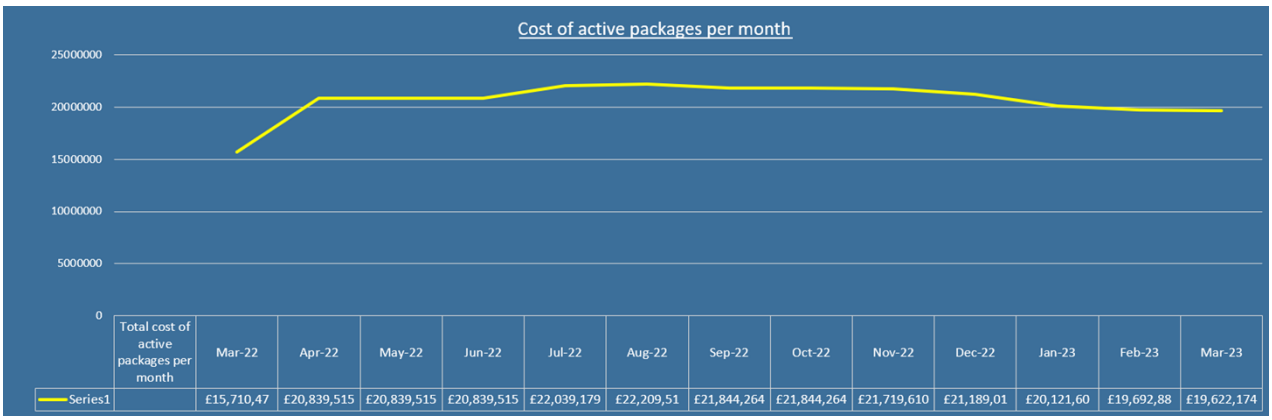
The significant increase in complex adult mental health with an extra 26 cases, gives a requirement for much greater case management, review, monitoring and oversight, equating to the equivalent workload of an additional 1xWTE complex care nurse post. Such complexity also inflates the overall cost of placements for this specialist area. National demands for specialist placements are at a critical point across the UK and unit costs have increased. Providers seek to move that cost onto the commissioning bodies and MHLD is averaging 15-20 submissions for CHC/FNC per month, (in addition to S117 applications).

The team is also required to complete the DSTs for DGH discharges to care homes, which currently equates to approximately 6-8 per month. Where the team needs to lead and arrange the process, reviews have increased and range from 20-30 per month, dependent on submissions and hospital transfers.

Financial risks

As seen in **chart 5**, the organisation has seen a significant rise in projected in-year costs associated with CHC. This follows a similar rise in costs from previous years (see ***chart 6***).

Chart 6



	Total cost of active packages per month	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Series1		£15,710,47	£20,839,515	£20,839,515	£20,839,515	£22,039,179	£22,209,51	£21,844,264	£21,844,264	£21,719,610	£21,189,01	£20,121,60	£19,692,88	£19,622,174

Again, there is no single driver for such rises in costs, but arise from a number of causes, including

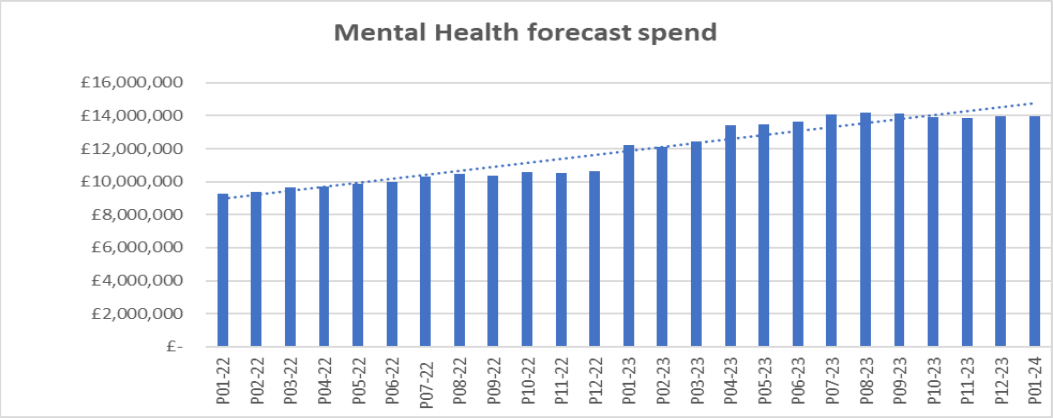
Market limitations	Across all disciplines (MH, LD & Adult), there has been a significant rise in unit costs from providers. This is true of domiciliary care, residential care and Nursing home care. This is driven by multiple reasons, including pressure to their cost base (staffing, energy, food etc), increased reliance on agency, and even their ability to leverage the market due to decreased market competition.
Escalation of care needs	Where patient flow is challenged, patients become stranded in the wrong place of care, which can result in increased functional decline and a higher level of need. Also linked to market limitations, is then a pressure on patients and families to accept a higher level of care (say residential over domiciliary) in order to access care closer to home.

Downward pressure on other funding sources	Where both voluntary and statutory sectors may have previously provided some options for elements of care, a reduced availability of funding has resulted in a further reduction in provision. In addition, there is a risk that closer scrutiny and challenge to commissioning arrangements, including Local Authorities, may be influencing teams to be more lenient in their assessment of need in order to facilitate discharge.

Whilst the overall pressure on spend is greater in MH&LD over adult CHC, it is true to say that most of these risks are likely to be realised across all pathways of care.

Adult (general) CHC has seen a marginal reduction in spend in recent months, however this is driven by variation in numbers of cases. Providers are assessing patients as having a higher level of need, with request for enhanced levels of care becoming ever more frequent. Upon review, it appears that such assessments are not always valid, but once again, the limitations of the market and choice of provider are limiting the effectiveness of any push back from Health Board teams.

Graph 7



Graph 8

As can be seen in **Graphs 7 & 8**, Mental Health has seen a steadily increasing spend pattern, with slight variances within each quarter, but no significant reduction. Where there are placement endings through step-down or in some terminal cases, these cost reductions are easily outstripped by new placement costs and overall increases.

The Health Board has agreed an overall inflationary 9.2% increase to providers, but some providers are requesting more than this. In Learning Disabilities there has been a significant pressure from the local authority to move cases into CHC. In partnership with PTHB and new process for requesting CHC assessments has been agreed, which includes an impetus on PCC to identify what the Social Worker considers to be the 'trigger' for a primary health care need.

FURTHER MITIGATION & ACTION:

In response, and as well as the actions already described to improve both performance and better understand drivers of costs, some further mitigation is in place, and actions are being taken.

This includes;

Reducing the burden of challenge from other commissioners	In addition to strengthening the consistency of process and decision making internally, Health Board teams have agreed a process for the management of requests from Social Services, which require the Local Authority to clearly articulate the reasons for the request and their assessment of the 'trigger' for a Complex Care Assessment. In addition, a dispute and escalation process has been developed, with some long standing

	cases benefitting from resolution in this way. This is intended to reduce the risk of escalation to legal challenge, which comes at additional cost.
Working with PCC to strengthen the market	In order to reduce the influence of the providers, further market development is needed to expand choice. The Health Board are working alongside PCC at a number of levels, including engagement with domiciliary care providers to expand their remit and help to influence improved recruitment. System wide action includes a business case for alternative step-down provision in adult mental health, and a second project as a partnership with PCC and and a private provider, through the implementation of a supported residential setting in Brecon
Additional market provision	In order to reduce delays and contain costs resulting from a limitation of market supply, the Health Board has created four additional temporary beds at Cottage View residential home. Whilst this provides for patients funded by PCC, there are secondary market benefits which have provided capacity to CHC funded patients. This model has further prompted some continued exploration of the opportunities for patients at end of life, and a business case is in development which aims to enhance this aspect of care.
Internal audit	An audit of CHC will be undertaken in October 2023. The objectives of this audit are to ensure: • There are approved Health Board procedures in place for CHC/FNC that align to the revised National Framework. • Eligibility assessments for funding are undertaken in line with agreed process, and approval is in line with the Health Board's Scheme of Delegation. • Individual needs assessments and ongoing monitoring is undertaken on a regular basis in line with the National Framework.

	• The National Complex Case Database and local records are accurately maintained and updated in a timely manner. • Invoices received are reconciled to the agreed care packages. • Inflationary cost increases are managed and agreed. • Periodic reports on CHC/FNC are produced and submitted to appropriate Health Board forums for monitoring purposes. • Non-compliance with the national framework guidance is identified. • Patients receive the level and standard of funded care that they are entitled to. • The Health Board is aware of key issues and risks in respect of CHC due to ineffective reporting arrangements. • Prevent financial loss due to inability to adequately forecast CHC and FNC costs.
Strengthening of commissioning & contracting	An in-principle agreement has been reached with PCC to explore a shared brokerage arrangement. A bid has been agreed with the Regional Partnership Board (RPB) to support a feasibility review.

CONCLUSION

Whilst much has been achieved to strengthen the arrangements for Continuing Health Care, the organisational capacity and finance risks remain significant.

Moving into quarter 3 and 4, our key focus will be on improving data capture and analysis. As well as improving availability of data, from this will arise opportunities to better benchmark our operational and financial performance across Wales, and which will inform further actions for the Health Board.

Alongside this, further actions continue to be taken, as outlined above, and the teams welcome the opportunity to participate in the planned internal audit later in the year, in order to further understand our opportunities for improvement.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.5

Delivery & Performance Committee Committee	**Date of Meeting: 31 August 2023**
Subject:	**Agency Spend (Variable Pay)**
Approved and Presented by:	**Executive Director of Operations**
Prepared by:	Assistant Director of Community Services Group
Other Committees and meetings considered at:	Executive Committee

PURPOSE:
The purpose of this paper is to provide assurance for the work being progressed, and which is intended to reduce the cost of variable pay (agency and locum spend) across the services in Powys Teaching Health Board.
RECOMMENDATION(S):
That the committee consider the issues set out in the paper, review actions taken, note the further mitigation in place, and take assurance that whilst moderate financial risk continues to be realised, progress is being made to reduce the use of agency staffing and the associated cost

Approval/Ratification/Decision[1]	**Discussion**	**Information**
✓	✓	

[1] Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	✓
	4. Enable Joined up Care	✓
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	✓
	8. Transforming in Partnership	✖
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	✓
	5. Timely Care	✓
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The paper sets out an understanding of the issues which are driving the use of agency costs across the organisation, the actions that are being taken in response and where additional work is being undertaken to further reduce the financial risk associated with this issue.

DETAILED BACKGROUND AND ASSESSMENT:

It is well recognised that for many reasons, Powys Teaching Health Board (PtHB) remains reliant on agency and locum staffing in order to continue the safe delivery of many clinical services. Whilst is understood that this is sub-optimal and offers a number of risks (including limitations to care delivery standards) to the organisation, the provision of this workforce can ensure that sufficient numbers of staffing are provided in order to maintain service delivery.

One such risk is the financial impact to PtHB, with agency and locum costs being (significantly) higher than the costs associated with the directly employed workforce. In recent years, it has been recognised that the costs associated with this temporary workforce continue to increase, and that as well as the quality benefits that a reduction on reliance to this arrangement brings, there remain opportunities to improve the organisational financial impacts resulting from this approach.

Operational focus

Several best practice operational measures were introduced in 2022, in response to growing dependency and frequency of agency usage within the Health Board.

These include:

- Professional challenge to all requests for enhanced levels of care across the Clinical Services Group, with requests being required in written form, and assessed and signed off by either the Head of Nursing or the Assistant Director. Usually this will be for no more than 72 hours in the first instance to enable patients to settle, and reviews are undertaken daily. It is observed that the teams will often stand down enhanced care immediately when it's no longer required (so not in place for longer than is assessed by professional judgement).
- Rosters are scrutinised weekly, with monthly sign off and template checks to ensure they are as efficient as possible (within the limits of vacancies). This includes a review of annual leave utilisation and inclusion of Band 7 Nursing to pick up a number of the clinical shifts. Rosters are then released to enable ward staff to pick up additional shifts (ideally twelve weeks in advance), then released to the Temporary Staffing Unit (TSU) for fill.
- Rosters remain with TSU for a week, with an aim to fill vacant shifts utilising bank staffing. Following this, they are submitted for on-framework agency fill. Shifts are then only released to off-contract agency one week before they are required. The only exception may be in an area where (due to high levels of vacancy), regularised off-contract agency use is relied upon.
- Divisional spend of agency is reported and challenged in divisional operational meetings, with further discussion (including mitigation identified to contribute to planned financial savings) in 1:1 meetings with managers.
- CSG has also implemented 'Safecare' as a system in adult nursing, which, while still embedding, demonstrates the complexity and acuity of our inpatient wards well.

Whilst such measures would reflect best practice, they are limited in addressing the key drivers, such as vacancy and a recognised need to manage inpatient risk to increased frailty, complexity and dependency.

In recognition of this, a number of other organisation wide approaches were being taken to assist in reducing the utilisation of bank and agency staffing.

Agency Spend Reduction Programme (June 2023 – Present)

In response to the complexity of the issue, a project team was assembled in June 2023, bringing together existing approaches which were looking to address the multiple reasons for high agency usage. This would additionally enable the teams to understand the impact of the actions being taken, identify further opportunities to undertake action which might assist in addressing the causes, and better collaborate to deliver this work.

As would be expected, a detailed project plan has been developed, designed to address the root cause of agency usage, as well as to design service change and embed cultural challenge into professional practice.

The Agency Spend Project Plan includes the following key areas:

- Recruitment to vacancies.
- Improved monitoring and challenge of operational practices.
- Availability of datasets to inform challenge.
- Clarification of expected staffing levels across different services
- Improved understanding of risk and enabling of patient independence (rehabilitation and falls).
- Utilisation of assistive technology.
- Inclusion of recruitment and workforce development plans.
- Development of resources for access to lower cost temporary staffing

External factors

It is identified that several drivers for cost, fall outside of the direct control of PtHB. Whilst all measures intended to reduce the reliance on agency will offer potential mitigation for this, some separate actions are taken in direct response.

Driver	Impact	Action taken
Last minute cancellation by agency staff / error in booking by agency	Need to revert to more expensive off contract supply (where continued requirement for agency staffing confirmed)	Additional senior challenge to requests for alternative cover, alongside contractual engagement with suppliers by TSU
Increase in rates by agency providers	10% price increase by Thornbury commenced July 2023.	Continued overall plan to move away from off-contract supply, and further measures being explored to entirely remove option for HCSW supply by this agency.
Increasing lack of capacity from on-contract suppliers.	Greater reliance on more expensive off-contract suppliers	Increased engagement with on-contract suppliers to enhance their offer, including review of rates and terms and conditions. Seeking to expand numbers of on-contract suppliers.

FURTHER MITIGATION

Recognising that actions being taken across operational services, the Executive focus and challenge described, and that opportunities are realised through the delivery of the action plan, there are a number of specific workforce developments that will additionally provide assurance. These include;

Aspiring Nurse Programme

- 23 offers have been made to the Health Education & Improvement Wales (HEIW) supported cohort of Aspiring Nurses. 18 of these are to be deployed to CSG wards and 5 to Mental Health wards with a start date expect for the beginning of September. This will almost entirely negate the need for additional Band 2 HCSW requirements currently being met through agency spend.

Overseas Nursing (OSN) recruitment success

- 1 of the OSNs has passed their OSCE exam and will be deployed once their Registered Nursing PIN is issued, with the 3 remaining for Welshpool resitting on 29th August 2023.
- We have a further 6 OSNs currently in offer for the next cohort which are captured in our projections to reduce agency spend.

Pipeline recruitment

- 6x substantive RNs for CSG Wards who are currently being processed. 2 of these are planned for deployment to Llanidloes, 3x for Bronllys (including one this month) and 1x for Welshpool.
- 8x substantive RNs for our Community teams and a further 5 for Women and Childrens services.
- 4x HCSWs for CSG wards, 1 for Theatres and a further 5x for Cottage View all currently in process.
- 3.8 substantive wte RMNs for mental health wards who are currently going through process. 1 is to be deployed for Tawe ward, 2x for Felindre and 0.8WTE for Clywedog.
- Finally, we have recruited 4x HCSWs for mental health wards all currently going through recruitment process currently.

Bank provision

- From our last few rounds of recruitment, we have made offers to 47x Bank HCSW. 3x of these are student nurses, so will be fast tracked. 31x Bank HCSW are currently going through their recruitment process.

- The Workforce team are prioritising recruitment, with an individual tasked to aid communication with all those undergoing recruitment (and driving the necessary actions to progress these to completion).

- In order to maximise our offer to bank staff (who indicate a preference for weekly payment, the organisation is implementing a system called 'Wagestream' which will allow Bank staff to access their pay on a weekly basis.

DATA:

Finance

Chart F1

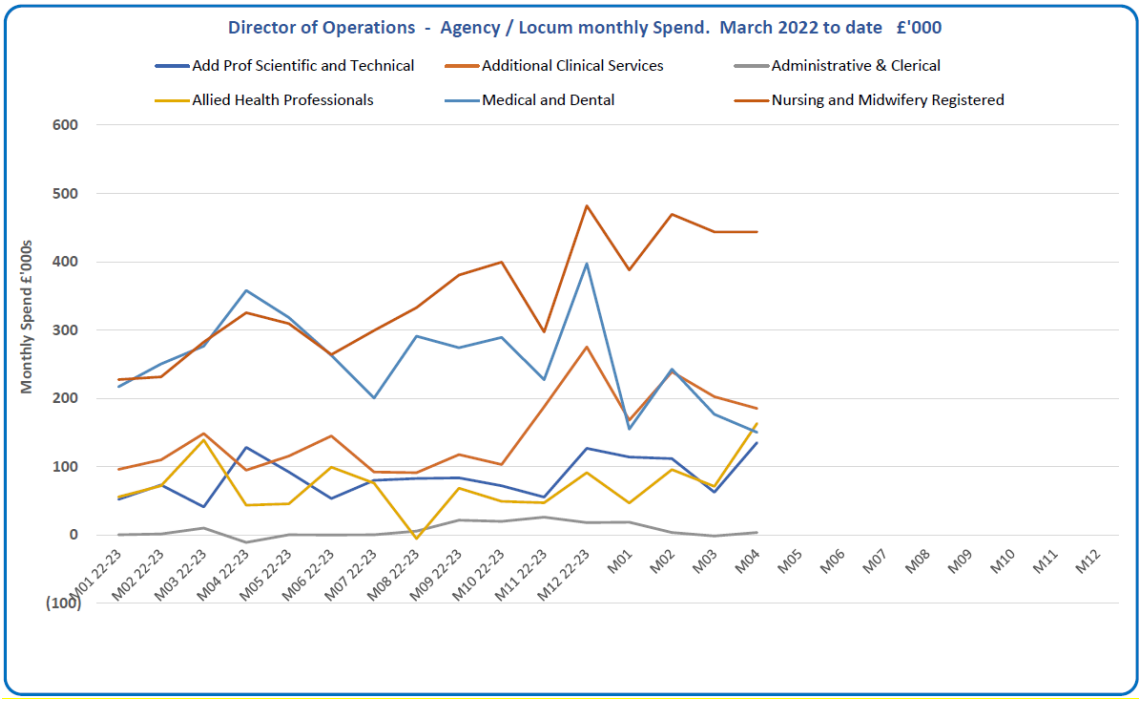
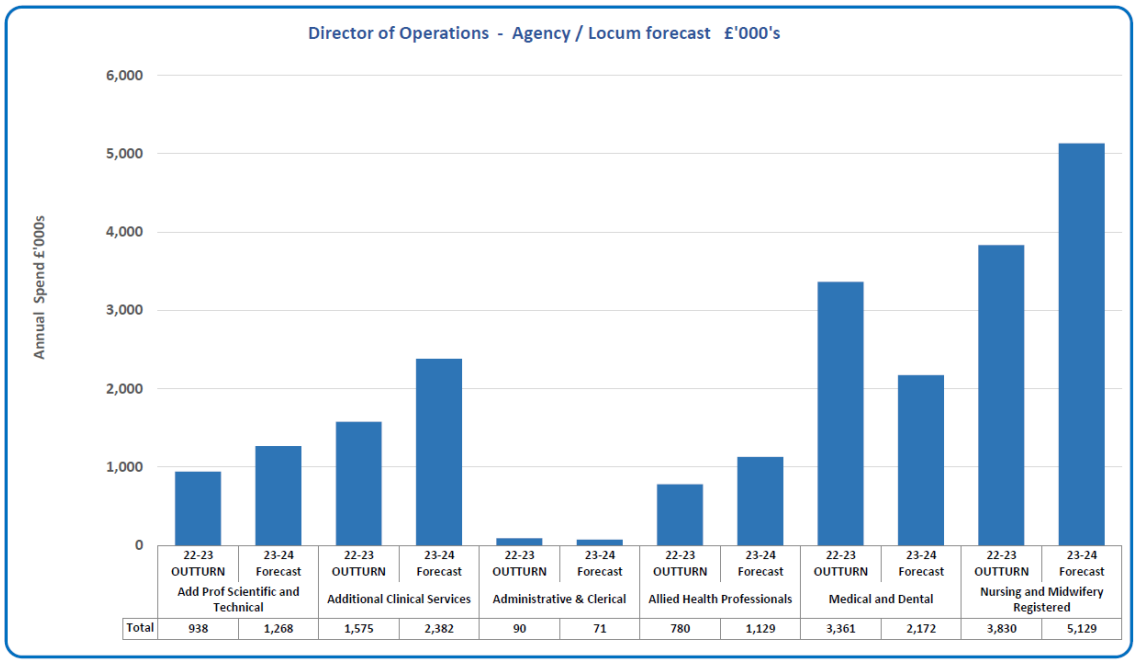


Chart F1 (above) tracks monthly Agency costs for the Director of Operations portfolio over the last 16 months by staff type. Whilst this can be volatile, it is currently showing sustained high levels of monthly spend this year.

Chart F2



	Add Prof Scientific and Technical		Additional Clinical Services		Administrative & Clerical		Allied Health Professionals		Medical and Dental		Nursing and Midwifery Registered	
	22-23 OUTTURN	23-24 Forecast	22-23 OUTTURN	23-24 Forecast	22-23 OUTTURN	23-24 Forecast	22-23 OUTTURN	23-24 Forecast	22-23 OUTTURN	23-24 Forecast	22-23 OUTTURN	23-24 Forecast
Total	938	1,268	1,575	2,382	90	71	780	1,129	3,361	2,172	3,830	5,129
Monthly Avg:	78	106	131	198	8	6	65	94	280	181	319	436

Chart F2 shows agency & locum spend by staff type in 22/23, alongside the current year's forecast. With the exception of Locum expenditure, the Health Board is seeing another year of increased costs in Agency spend. The figures below the table show the average monthly spend over the two years, again by staff group.

In total, the forecast spend for these areas is £**12.1**m this year, compared to £**10.5**m last year. If we exclude Medical Locums, this will equate to £10m this year compared to £7.2m last year, for all other service areas.

Workforce data

The teams have historically relied predominantly upon financial data (as above) to inform our understanding of agency usage. Whilst this clearly identifies the spend on agency usage, along with an understanding of how agency usage cost may be offset against variance in substantive pay, it does little to help us understand some of the detail. In response, some further analysis tools have been developed which has helped teams to better understand the detail.

Chart W1

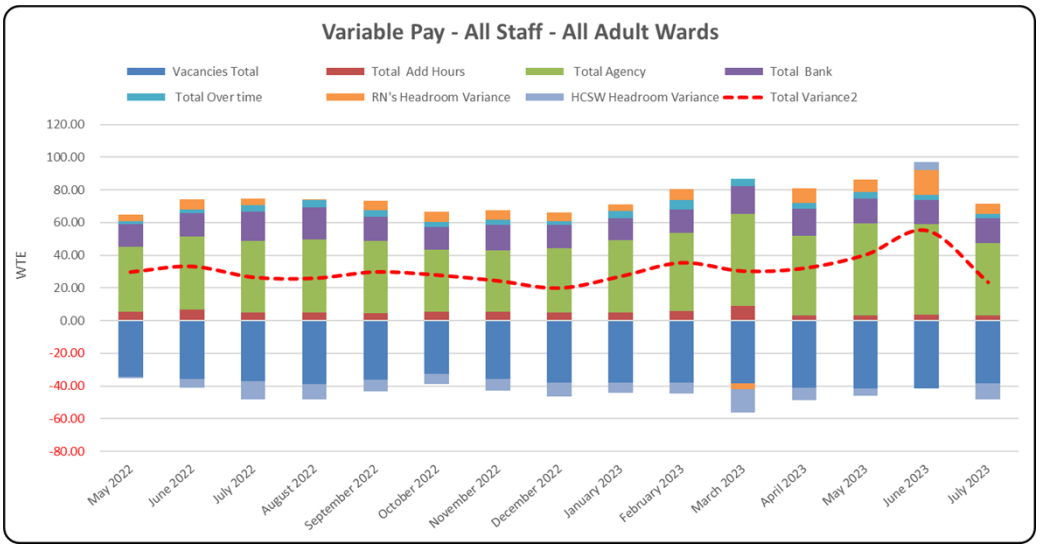


Table W1

Row Labels	Vacancies Total	Total Add Hours	Total Agency	Total Bank	Total Over time	RN's Headroom Variance	HCSW Headroom Variance	Total Variance2
May 2022	-34.17	5.49	39.86	13.65	1.84	4.10	-0.93	29.84
June 2022	-35.90	6.90	44.49	14.42	2.39	6.14	-5.11	33.33
July 2022	-36.92	5.02	43.93	17.60	3.91	4.21	-11.08	26.66
August 2022	-38.60	5.05	44.80	19.59	4.14	0.68	-9.64	26.03
September 2022	-36.15	4.68	44.12	14.68	3.95	5.79	-7.15	29.92
October 2022	-32.73	5.24	38.18	13.71	3.10	6.38	-5.87	28.01
November 2022	-35.50	5.40	37.34	15.80	2.96	5.96	-7.53	24.43
December 2022	-38.05	5.04	39.43	14.05	2.28	5.38	-8.12	20.00
January 2023	-38.03	5.06	43.96	13.57	4.65	3.95	-5.97	27.19
February 2023	-37.82	5.72	48.11	14.25	5.76	6.51	-6.97	35.56
March 2023	-38.55	9.02	56.31	17.08	4.33	-3.18	-14.62	30.40
April 2023	-41.16	3.29	48.42	16.65	3.69	8.95	-7.65	32.19
May 2023	-41.59	3.27	56.00	15.41	3.86	7.88	-4.38	40.44
June 2023	-41.60	3.44	55.78	14.58	3.30	15.16	4.62	55.28
July 2023	-38.36	3.06	44.52	14.88	3.04	6.13	-9.70	23.57
Average	-37.68	5.04	45.68	15.33	3.55	5.60	-6.67	30.86

Table W1a

Bank / Agency	Works within Framewor	Financi Values 2023 No of Shifts	2023 Hours	2024 No of Shifts	2024 Hours	Crude Forecast No of Shifts	Crude Forecast Hours	Year on Year Change No of Shifts	Year on Year Change Hours
Agency	No	4,068	38,404	1,789	16,459	5,367	49,378	1,299	10,974
	Yes	6,248	62,879	3,155	31,681	9,465	95,042	3,217	32,163
Agency Total		**10,316**	**101,282**	**4,944**	**48,140**	**14,832**	**144,419**	**4,516**	**43,137**
Bank	(blank)	13,769	100,882	4,063	30,271	12,189	90,813	-1,580	-10,069
Bank Total		**13,769**	**100,882**	**4,063**	**30,271**	**12,189**	**90,813**	**-1,580**	**-10,069**
Grand Total		**24,085**	**202,165**	**9,007**	**78,411**	**27,021**	**235,232**	**2,936**	**33,068**

Table W1a provides a forecast for the organisation which indicates a risk that unmitigated continuation of current usage, provides a forecast to use **144,419** hours of agency this year against **101,282** last year. This is an increase of circa 43%. It is noted that at the same time, bank usage is reducing, and further work is needed to address this.

Data Analysis and Interpretation

Table 1 and Chart 1 demonstrate the staffing gaps due to vacancies, sickness or leave. This is then shown as offset by the additional use of Agency, Bank and overtime, etc.

For clarity, the red dotted line in chart 1, provides a trend on whether the net use of staff is above or below the budgetary establishment level expected. The above table and chart is an example for all Community Service Group wards collated. Similar charts and tables exist for Mental Health & Learning Disability (MH&LD) and have also been broken down to a ward level across all services (see appendix A).

Table 1 illustrates that on average there are **37.6 FTE** vacancies over the period, off-set by the use of an equivalent of **5** FTE additional hours provided by PtHB staff, **45.7** FTE of Agency staffing, and **15** FTE of Bank, etc. This clearly demonstrates that during a 15 month period, a net total of **30.8 FTE** additional staff have been used to provide care to patients. This would be above expected core staffing establishments.

The tables and charts that break this down by Registered Nursing (RN) and Health Care Support Workers (HCSW), and what we can see through these is that the over-establishment occurs almost exclusively in the provision of HSCW care.

The reasons for this additional resourcing (or 'specialling') include:

- Management of risk (or perceived risk). It has been recognised that a significant element of our use of agency above establishment relates to clinical risk (and the perception of risk), and the requirement to offset this through the provision of 1:1 care and 'specialling' of patients.
- Examples include the risk of falls, where such risks of harm would be much lower in a domestic setting (hard clinical flooring and edges to furniture which are IPC compliant but unforgiving in the event of a fall). Other risks include increased disorientation in a noisy and open bay area (with increasing numbers of patients demonstrating confusion and cognitive impairment). This also offers risks to other patients which require the benefits of mitigation from 1:1 supervision.

- A key theme within the project plan and CSG delivery plans is to support staff to take a balanced, yet proactive approach to managing risk (either through Assisted Technology, alternative approaches to managing falls etc), this is a cultural change that we seek to embed, which will take time to embed in practice.
- Rurality, geographical isolation and the physical design of some of our of inpatient units clearly has an influence on the extend of additional staffing on shifts - The work of the Project Team on variable pay is considering how to mitigate this and better join up services to support clinical resilience, including where technology can support better observation.
- In MH & LD, the inpatient clinical treatment of patients with exhibiting challenging or self-harming behaviours is managed through well developed clinical risk mitigation measures which are recording in care plans. One challenge is to expand some of the good practice delivered in Mental Health into physical health care – including positive risk-taking measures.

Rostering data
Table W2

			Average of Days before WARD Requested Shift				
Directorate	Service Are	Cost Centre Name	Vacancies	Annual Leave	Specialing/Acuity	Sickness	Other
Community Care & Therap	Hospital Nursi	D002 - YCH - Hosp Nurs	16	5	5	10	-5
		E001 - BWM - Hosp Nurs - Epynt	28	7	3	12	15
		E007 - BWM - Hosp Nurs - Y Bannau	23	12	2	5	7
		E501 - BRO - Hosp Nurs	29	3	2	7	19
		F001 - LWH - Hosp Nurs	49	42	2	14	23
		G001 - LND - Hosp Nurs	30	28	29	8	5
		G501 - MAC - Hosp Nurs	36	6	3	6	19
		H001 - MCI - Hosp Nurs	24	21	6	9	11
		H501 - VMH - Hosp Nurs	37	15	4	9	25
Community Care & Therapies Total			**36**	**25**	**10**	**10**	**18**
MHD Mental Health Direct	Hospital Nursi	L006 - Ystrad-Mental Health-YCH Tawe ward	11		3	1	6
		L019 - South-Mental Health-Felindre Ward Bronllys	9	9	0	4	18
		L020 - South-Mental Health-Clwyedog Ward Llandrin	37	29	6	8	11
MHD Mental Health Directorate Total			**17**	**26**	**2**	**4**	**11**
Grand Total			**33**	**25**	**8**	**9**	**17**

Chart W2

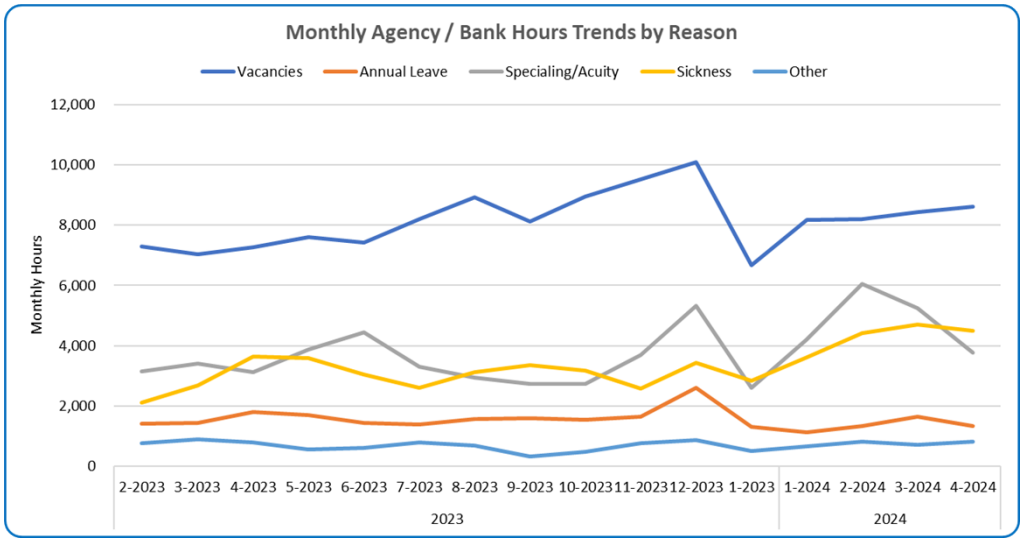


Table W3

		No of Shifts					Hours				
Service Area	Cost Centre Name	Vacancies	Annual Leave	Specialing/Acuity	Sickness	Other	Vacancies	Annual Leave	Specialing/Acuity	Sickness	Other
Hospital Nursi	D002 - YCH - Hosp Nurs	64	18	853	830	9	591	184	8,010	7,652	75
	E001 - BWM - Hosp Nurs - Epynt	685	59	739	771	30	7,328	627	7,457	8,303	248
	E007 - BWM - Hosp Nurs - Y Bannau	164	38	112	227	14	1,742	389	1,165	2,239	158
	E501 - BRO - Hosp Nurs	1,104	10	89	269	43	10,277	101	867	2,503	384
	F001 - LWH - Hosp Nurs	1,390	199	91	466	83	13,625	1,795	956	4,489	716
	G001 - LND - Hosp Nurs	532	148	982	171	20	5,202	1,352	9,458	1,690	194
	G501 - MAC - Hosp Nurs	893	25	242	338	128	9,101	208	2,333	3,034	1,120
	H001 - MCI - Hosp Nurs	346	116	507	246	31	3,273	1,131	4,900	2,381	305
	H501 - VMH - Hosp Nurs	2,426	56	297	170	63	24,155	535	2,864	1,683	594
al		**7,604**	**669**	**3,912**	**3,488**	**421**	**75,293**	**6,320**	**38,009**	**33,974**	**3,792**
Hospital Nursi	L006 - Ystrad-Mental Health-YCH Tawe ward	440		657	100	33	4,545		6,598	954	317
	L019 - South-Mental Health-Felindre Ward Bronllys	344	21	725	338	30	3,359	208	7,222	3,374	294
	L020 - South-Mental Health-Clwyedog Ward Llandrin	268	103	317	109	87	3,087	1,161	3,329	1,185	777
otal		**1,052**	**124**	**1,699**	**547**	**150**	**10,991**	**1,369**	**17,149**	**5,513**	**1,388**
		8,656	**793**	**5,611**	**4,035**	**571**	**86,284**	**7,689**	**55,158**	**39,487**	**5,180**

Rostering data analysis

Further analysis is then provided when the workforce data is set against both the finance data and some additional information which can be accessed from rostering systems. An example of high-level information from the dataset is at table W2 / chart W2.

This is helping to further enhance our understanding of drivers for use of agency, for example, the reasons reported for use of agency and how far in advance of the shift date a request is made, where earlier request allows for the use of lower cost bank or on-contract agencies.

This is then broken down to a ward level (Table W3) and helps provide some understanding of the variation in areas where such usage is occurring. It has highlighted some understanding of the rationale for such use which is noted below;

Benchmarking
It is recognised that there is a need to also understand this issue in context with other Health Boards and English NHS Trusts. It may be possible to consider the staffing profile and expenditure of similar units across NHS Wales & England through the national benchmarking programme, and the Health Bard is participating in the 2023 data collection for community services. In addition, links are being made into the Community Hospital Association for sharing of best practice, and data will be incorporated as this becomes available.

Key service area risks
Overall, there remains some fragile teams across the Health Board, where reliance on temporary staffing is a daily requirement to staff services. Where good practice occurs (early planning of rosters, seeking bank and long lining of on-contract agency), but operational changes (acuity of patients or staff absence) can undermine this planning, which sees an increase on high cost (off contract) variable pay as backfill is required at short notice.

This challenge is particularly acute in:

- **Tawe Ward** for Older Adult Acute Mental Health Inpatient Care, Ystradgynlais is currently running with 50% agency due to vacancies, long term sickness and the increase in acuity of patients requiring higher levels of observations than the staffing levels require.
- **Community Mental Health**.
    - There are currently ten Agency staff in Community settings across Adult and Older Adult Mental Health. The need for Agency has been risk assessed and recovery plans are in place to address the deficits in services whether this be from long term sickness absence, vacancies or maintain safe service levels following the withdrawal of PCC AMHPs from duty systems and initial assessment.
- In the last quarter of the 2023/24 financial year, there has been success in recruiting to vacancies in Older Adult Nurses in North and South Powys, which will see a reduction in two Agency nurses by September. A new duty model is being scoped to support a reconfiguration of service that may attract more potential staff to vacancies if approved. This would reduce the need for a further four agency members of staff but will depend on successful recruitment to newly created roles within CMHTs.
- Locum psychologists form approximately three quarters of the psychology service. There are longer term workforce plans in place to develop skills and reshape the future workforce structure to address recruitment issues. It is also worth noting that the investment in developing psychological therapies and psychology services has come from Service Improvement funding with ringfenced requirements for this priority area to meet the standards of 'Matrics Cymru' and deliver on priorities in the Together for Mental Health Strategy.
- **Graham Davies Ward,** Llanidloes has a budgeted establishment for 14 inpatient beds, but has significant staff vacancies. The projected agency spend for the ward for 2023-24 is approximately £0.5m, based on the previous year's spend and YTD spend. Following a relatively recent successful recruitment to a Band 7 post that has enhanced clinical leadership, several actions have been taken to further reduce reliance on temporary staffing (and contain cost).

Improvements in recruitment/reduction of agency usage:

Alongside the other CSG wards, actions have been taken to ensure timely roster completion, review, challenge and sign off. This includes early completion of rostering, maximising reliance on bank over agency (and developing local bank arrangements), limitation of authorisation for off-contract agency, robust process for requesting 1:1 care and increased presence of Band 7 clinical working. Further longer-term measures include:

- Appointment of 1.8 WTE RN.
- A planned appointment for a fixed term Band 6 to cover maternity leave.
- Development of a proposal for further Band 6 opportunities, reducing again Band 5 vacancies.
- Successful recruitment to all HCSW posts (with no further HCSW vacancies).
- Participation in the Health Board scheme to recruit apprentice Nurses.
- Improved compliance with GPN065 policy on enhanced levels of care.

As is often the case, there is no single driver for the continued reliance on agency spend and the associated costs, which continue to rise.

Whilst there is reasonable assurance that effective operational management is in place to limit the impacts of this issue, a number of factors stand out. These include the continued vacancies experienced across teams, a need to rapidly respond to gaps in planned staffing, the complexity of care (and associated need to manage clinical risk in less-than-ideal clinical environments), the limitations of the market, and an increase in provider costs. In response, actions have been highlighted within this paper, and some additional mitigation is set out below.

CONCLUSION:

Whilst it is noted that there is no single driver for the use of agency staffing, a broad range of actions are being taken to reduce organisational reliance on temporary workforce arrangements and to reduce the associated cost. There remains a significant amount of scrutiny and challenge to this work, demonstrable operational ownership, organisation wide support to the actions and a long-term delivery plan which is demonstrating some early signs of progress at this time. This work will be continued, and there is every expectation that further assurance will need to be provided through the coming year.

Given the breadth of the actions that will inform the improvement, some of which will be completed within months, we expect significant improvement by December 2023 and the service expects to achieve the savings in Agency usage that are part of the 2023 budget programme.

We intend to bring a further report to committee in the Autumn to update committee on the progress achieved.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**The proposal will not disproportionally affect any of the protected characteristics.**
Age			X		
Disability			X		
Gender reassignment			X		
Pregnancy and maternity			X		
Race			X		
Religion/ Belief			X		
Sex			X		
Sexual Orientation			X		
Marriage and civil partnership			X		
Welsh Language				X	
Risk Assessment:					
	Level of risk identified				
	None	**Low**	**Moderate**	**High**	
Clinical		X			
Financial			X		
Corporate		X			
Operational		X			
Reputational		X			

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:2.6

Delivery & Performance Committee	**Date of Meeting: 31 August 2023**
Subject :	**Report on the work of the Corporate Health and Safety Group**
Approved and Presented by:	Claire Madsen, Executive Director Therapies and Health Sciences
Prepared by:	Jason Crowl, Assistant Director Health and Safety and Support Services
Other Committees and meetings considered at:	Executive Committee Delivery & Performance Committee Board

PURPOSE:

To provide the Delivery & Performance Committee with a six-month update from February 2022 to July 2023 in relation to the work of the Corporate Health and Safety Group and the progress that has been made with the 2023/24 work plan and the progress being made against the H&S forward work Programme for 2023/24.

RECOMMENDATION:

The Delivery and Performance Committee is asked to DISCUSS and take ASSURANCE from the report that the organisation implemented as part of its 2022/23 work plan, and it is implementing as part of the forward work programme for 2023/24.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
✓	✓	

[1] Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	✓
	3. Tackle the Big Four	×
	4. Enable Joined up Care	×
	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	✓
	7. Put Digital First	×
	8. Transforming in Partnership	×
Health and Care Standards:	1. Staying Healthy	✓
	2. Safe Care	✓
	3. Effective Care	✓
	4. Dignified Care	×
	5. Timely Care	×
	6. Individual Care	✓
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

BACKGROUND AND ASSESSMENT:

HEALTH AND SAFETY UNIT

The Health and Safety Unit is led by the Assistant Director of Health and Safety and Support Services and consists of two Health and Safety Officers who are chartered members of the Institute of Occupational Safety and Health (IOSH) and have over 38 years of combined health and safety practice. The two officers are supported by the Prevention Management Violence Aggression (PMVA) and Manual Handing trainer/advisers and part time administration support.

As part of the work to strengthen the Health Boards awareness of Health and Safety, its role has been redefined and the team are now referred to as the Health and Safety Unit.

The Health and Safety Unit provides a corporate function and is currently hosted by the Directorate of Therapies and Health Sciences.

The role of the Health and Safety Unit for 2023-2024 is to:

- Provide impartial expert and specialist advice on all health and safety matters across the Health Board.

- Provide guidance and advice on health & safety management, professional and technical advice along with support at all levels within the organisation.

- Provide professional guidance and technical support to assist managers in their duties of implementing PTHB's health & safety policies at a directorate and service level.

- Provide advice and support in relation to risk assessments.

- Undertake audits and inspections as part of the assurance and compliance monitoring arrangements of the Health Board.

- Conduct and assist in incident/accident investigations, where appropriate.

- Representing PTHB at the All Wales NHS Health & Safety Managers group and subgroups.

- Consulting and liaising directly with the enforcement authorities on behalf of PTHB.

- Contributing to the development of a positive health and safety culture for the organisation.

- Where work practices have been identified as dangerous and placing persons at risk of harm, to intervene and control the risk to ensure persons are protected; and then to report and escalate the issue to the relevant Manager or Director.

Health and Safety Unit Budget 2023-2024

The remaining unfunded post from 2022-2023 now funded. The Health and Safety Training budget has been increased from £6,000 to £25,000 for the year, which will cover some of the training costs but due to pressures in PMVA maternity leave cover, this is expected to overspend. Work is ongoing to reduce this overspend where possible.

HEALTH AND SAFETY GROUP (HSG)

The Health and Safety Group is the principle overarching strategic management meeting for the organisation. The groups' purpose, in line with the terms of reference is to

- *"Review and monitor health and safety matters to comply with the Health & Safety at Work Act 1974*
- *Provide the leadership for the development of health & safety within the Health Board".*

Following organisational change in April 2023 the group has been chaired by the Director of Therapies and Health Sciences (DoTHS) and meets bi-monthly.

Directorate/service group representation has been strong since the changes to the reporting and membership were implemented. The standardisation of the Highlight Reports has provided an improved focus from Service Groups and Directorates and further work has now begun to develop the reporting format further so that it strengthens the following areas:

- RIDDOR reported incidents from each area.
- Oversight of unmanaged incidents
- Learning from incidents.
- How learning has been disseminated
- PADR compliance.
- Mandatory and Statutory Training compliance.

As well as the specific representatives the Group continues to have good attendance from Health and Safety Officers, Medical Devices Manager, Infection Prevention and Control Practitioners, as well as staff side.

Several groups which formally underpin and support the work of the Health and Safety Group, namely Fire Safety Group and Security Oversight Group continue to report via this group. Following the organisational change, the former group is now chaired by the DoTHS and the latter is chaired by the Assistant Director of Health and Safety and Support Services. Each group has a standing reporting item for escalation to the Health & Safety Group (HSG) as required.

Additionally, the HSG receives an update from the Site Co-ordination Forum which is now chaired by the Assistant Director of Health and Safety and Support Services. Previously this group was chaired by the DOE.

Attendance from Directorate/Service Groups at HSG continues to be positive and even if there is occasional absence, highlight reports have been received which allow for review and assurance by the Group.

Interim Changes to the Chairing of Assurance Groups

Group	Previous Chair	Current Chair	Group Reports to
Health and Safety Group	Director of Environment	Executive Director of Therapies and Health Sciences	Executive Committee
Fire Safety Group	Director of Environment	Executive Director of Therapies and Health Sciences	Health and Safety Group
Security Group	Director of Environment	Assistant Director Health and Safety and Support Services	Health and Safety Group
Site Coordination Forum	Director of Environment	Assistant Director Health and Safety	Health and Safety Group

		and Support Services	

HEALTH AND SAFETY GROUP WORK PLAN 2022/23

The HSG work plan was completed and reported to the May meeting. This plan covered a wide range of important areas and is designed to provide focus and assist in managing the relatively limited resources of the small health and safety unit.

The plan is reviewed formally at each Health and Safety Group and is made up of the following subject areas, with various pieces of work within those categories.

The workplan covered:
Audits
Training
Policy
H&S resource site
Incidents and accidents
Hand Arm Vibration Syndrome (HAVS)
Manual Handling
Violence and Aggression

An update against the workplan is detailed below.

Risk Assessments & Audits

Assessing and managing risks within departments is one of the most fundamental elements of health and safety.

The modules audited.

- Driving for Work
- Lone Working
- Display Screen Equipment
- Violence and Aggression
- Manual Handling
- Workplace Stress

As part of the program, twenty teams across various departments in Support Services, Estates, Workforce and OD, Women and Childrens Service Group and Community Services Group were audited by the H&S Unit. Where deficiencies/non compliances were identified, verbal advice was been provided at the time of the audit visit and in some instances written advice via email. The findings of the audits were reviewed by the Health and Safety Group which accepted the key learning which is itemised below.

7 Module Audit key learning

Key Learning	Action Implemented
Gain assurance from those departments not audited, that they have the necessary audits in place.	On going - All Directorates are required to provide an update and assurance to Health and Safety Group on their compliance.
Improve access to information and awareness of the relevant H&S advice and policies for each module.	Develop dedicated resource pages on the Health and Safety Resource Site. This has been completed and pages can be accessed here, Health and Safety (sharepoint.com)
Strengthen knowledge and practical skills in risk assessment.	Review the current training requirements for PTHB which can be delivered which is sustainable and effective.
Strengthen managers awareness of their responsibilities in the Health and Safety Policy.	Health and Safety Unit are developing short 'Policy to Practice' presentations with the goal that all managers will receive this within 12 months.
Enable departments to undertake their own audits and report these back to their Directorate Management teams.	Health and Safety Unit are developing audit tools which departments can use to check their compliance with the 7 module areas.

Training & Education

For Powys Teaching Health Board (PTHB) to discharge their legal duty, under current legislation, the health and safety policy was reviewed and approved by the Board. Section 3.3 and appendix 4, details how PTHB will develop health and safety competency for all staff. This will be through a suite of Institution of Occupational Safety and Health (IOSH) courses, or equivalent. The IOSH courses are shown below:

IOSH Leading Safely, half day course.
IOSH Managing Safely, three-day course.
IOSH Working Safely, one day course.

Three further specific courses have been identified, the NEBOSH General Certificate, the NEBOSH Construction Certificate and the Construction Design and Management (CDM) awareness course.

The IOSH courses have not been included as part of the mandatory training head room in service budgets. To be compliant with the Health and Safety Policy to roll out the Managing and Working Safely IOSH course model will require and estimated extra 3084 training days with many staff having to be taken away from clinical environments. Whilst IOSH is a recognised provider of Health and Safety courses the

implementation of the policy may have a detrimental impact on challenging clinical staffing levels and associated risks of backfilling with bank and agency staff.
The organisation currently provides a range of existing Health and Safety training as listed below which needs to be considered as part of the wider training competency matrix.

- Specialist training for Authorised and Responsible staff with prescribed roles under requirements set out under Health Technical Memorandums
- IOSH Working Safely as part of ILM level 5 Leadership and Management Course
- Corporate Induction
- Patient Handling and Object Handling
- Manual Handling for Managers
- Fire Safety online course
- Fire Warden and Fire Incident Coordinator Training
- Toolbox talks by services.
- Datix Manager Training
- How to submit and incident on Datix training
- Personal Protective Equipment COVID 19 Training
- Specific training on identified equipment,
- Investigation and Root Cause Analysis Training

Areas identified included in IOSH training and not provided by the health Board are:

- Assessing Risks
- Controlling Risks
- Understanding Hazards
- Investigating Incidents
- Measuring Performance

The Health and Safety Unit have been tasked to review the organisations Health and Safety Training requirements using the Health and Safety Executive Five Step Approach and report back in November 2023.

The Health and Safety Executive five-step approach:

- Decide what training your organisation needs.
- Decide your training priorities.
- Choose your training methods and resources.
- Deliver the training.
- Check that the training has worked.

Health and Safety Policies

In the last 6 months the Hand Arm Vibration Policy has been completed and approved by the Health and Safety Group. This has been communicated through Powys Announcements and can be located on the intranet here, **Policies & Written Control Documents - HSP 004 Hand Arm Vibration Policy.pdf - All Documents (sharepoint.com)**

Looking forwards, the new Personal Protective Equipment Policy is currently being consulted on, having been reviewed at the July Health and Safety Group meeting. It is anticipated this policy will be live in the next 3 months.

Health and Safety – Corporate Web Page & Move to SharePoint
A key element of the role of the health and safety function is to support the understanding and awareness of health and safety issues but most importantly, how local teams can manage such matters. A completely new webpage has been constructed and is live on the intranet and can be found here **Health and Safety (sharepoint.com).** This will be updated and continually evolve and contains advice, guidance on a number of health and safety subjects along with easy-to-follow videos on risk assessment and lone working. All H&S template documents are available through the web site and SharePoint.

Accidents and Incidents
A fundamental role of the HSG is to monitor the review and learning from accidents and incidents. A summary report is provided at each meeting with details of incidents at departmental level. During 2023/24 the format has changed to make use of outputs from the Datix system.

Discussion at HSG focuses on ensuring robust review at departmental level of the incidents and ensure closure and learning. Review of data output from Datix is also assisting in improving the quality of the data input.

Several key themes have been reported to and being managed by the Health and Safety Group which are summarised in the table below:

- Increase in reports of physical assault with physical contact.
- Training and attendance rates
- Quality of Datix reports

When a recurring theme has been identified a formal Spotlight review is undertaken. This is a new process introduced for this year.

A Spotlight Review is provided by the Powys Health and Safety Unit to managers, clinicians, teams with the following aims:

- look at an issue from the perspective of risk management, prevention and improvement.
- raise awareness.
- explore ways to prevent harm.

The focus for a Spotlight presentation is triggered by:

- An increase in Datix or RIDDOR reports which fall under an area of enforcement by the Health and Safety Executive
- In response to a published enforcement or a change in regulation.
- In response to an inspection by the Health and Safety Executive.

RIDDOR

Resources are provided for managers on the Health and Safety Resource pages relating to Accidents, Incidents and Reporting of Injuries, Diseases Occurrences Regulations 2013 - (RIDDOR). In Powys all reports are entered by services via Datix and these are then reviewed by the Health and Safety Unit for action and investigation. Where the incident meets the requirements for reporting to the Health and Safety Executive, they are then termed a RIDDOR.
Numbers for Powys are low and consistent with the type of services we provide and small staff, patient, visitor and contractor numbers.

Number of Incidents Reported per RIDDOR Category 01/04/22-31/03/23

		Number of Incidents Reported per RIDDOR Category 01/04/22-31/03/23						
Organisation	No of Staff	Over 7 Days	Specified Injury	Specified Injury to Public	Dang. Occ.	Occupational Disease	Fatality	Total
Powys Teaching HB	2484	2	2	2	0	2	0	8

Number of RIDDOR Incidents Reported per Accident Category 01/04/22-31/03/23

		Number of Incidents Reported per Accident Category 01/04/21-31/03/22													
Organisation	No of Staff	Slip, trip, fall same level	Violence & Aggression	Manual Handling	Burn	Struck by object	Struck against	Fall from height	Occupational Disease	Dangerous Occurrence	Needle stick	Overflow / Leak / Vapour	Electric shock	Another kind of incident	Total
Powys Teaching HB	2484	2	0	1	0	0	0	2	2	0	0	0	1	0	8

There only specific theme which can be identified from the data is injuries from assault or injury caused by patients with mental health related conditions against staff.

Hand Arm Vibration Syndrome

Hand Arm Vibration Syndrome (HAVS) is a reportable work-related disease, caused by excessive exposure to vibration over time, whilst using handheld or guided vibratory work equipment, causing damage to the nerve, vascular systems in the hands and arms along with muscular skeletal effects of the disease.

In May 2020, the Health & Safety Unit were informed that during routine health surveillance one of the Estates Operatives had been diagnosed with HAVS due to exposure to vibration at work over several years. This diagnosis was reported to the Health and Safety Executive (HSE), as an Occupational Disease, in line with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) processes. There have been additional members of staff diagnosed with HAVS since the initial numbers and as January 2023, a total of 8 members of staff have been diagnosed with HAVS and reported to HSE.

A HAVS training strategy has been developed to embed ongoing training needs assessment and provision. The current training approach has ensured all relevant staff are currently trained and none are due for renewal until 2024. It is however necessary to ensure that the training offered can respond to a need for someone to be trained at varying times over the future years.

The existing Hand Arm Vibration Policy (HSP 004) has been updated and can be found here, **Policies & Written Control Documents - HSP 004 Hand Arm Vibration Policy.pdf - All Documents (sharepoint.com)**.

Manual Handling Training

To support the ongoing local management and compliance for staff relating to manual handling, the work for 2023/24 has included a specific focus on manual handling involving the introduction and training of manual handling link workers as identified in a Health and Safety Executive (HSE) Notification of Contravention in 2019. To date 9 link workers have now been trained and are directly supporting their work environment.

Violence & Aggression Training

An update on PMVA training was received by the Health and Safety group which identified compliance rates at 75% due to the difficulties in releasing staff. Work has been ongoing with the Mental Health and LD Directorate in improving the attendance rates. These are improving but remain a challenging for the Health Board. training sessions have been cancelled due to the attendance being below the minimum required to run the course.

Training for 2023/24 for the prevention and management of violence and aggression is being provided by external training contractors to cover the planned leave of the dedicated trainer. Work is ongoing with another HB to look at gaining access to their training sessions which are delivered on a more frequent basis.

FUTURE WORK PROGRAMME

Looking forwards: A separate HSG workplan to provide focus for the work of the Group has been devised and is based on the commonly occurring themes arising from field work or reported to the Group, namely:

- HSG to get assurance of reporting arrangements in line with Policy are working effectively.
- HSG aims to ensure that the Datix system becomes the primary recording tool for Health and Safety incidents and accidents across the organisation.
- HSG to get assurance that Services and Directorates develop and maintain an occupational training needs analysis for their area.
- HSG to strengthen the environmental inspection regime across the Health Board.
- Undertake an external baseline assessment of the Health Boards position in relation to the Dangerous Substances and Explosive Atmospheres Regulations 2012.

The Internal Audit team will be undertaking a review of the application of the Health and Safety Policy, the Health and Safety Group and its subgroups. Field work is expected to commence in October 2023.

A dedicated work programme for the Health and Safety Unit has been drawn up which continues the focus on the themes of the previous year with the addition of:

- Scoping a dedicated system for to enable risk assessments to be created and stored and audits to be completed by departments. The aim of this system is to dramatically improve the oversight of compliance and risk in respect to health and safety issues across the organisation.
- Develop an app to enable staff to access the Health and Safety Resources pages via their mobile phone when working in the community.
- Strengthening the safety culture of the organisation by promoting more resources, awareness sessions and support to managers.

RECOMMENDATIONS:

The Delivery and Performance Committee is asked to DISCUSS and ENDORSE the report.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 2.7

Delivery & Performance Committee	**31 August 2023**
Subject:	**ISO 14001 Environmental Management System Audit Update**
Approved and Presented by:	**Associate Director of Capital, Estates and Property**
Prepared by:	**Head of Technical Services, Estates and Porperty**
Other Committees and meetings considered at:	Executive Committee, 26 July 2023

PURPOSE:

The purpose of this report is to provide an update to Committee regarding the current status of the ISO 14001 annual environment system re-certification audit which took place in June 2023.

RECOMMENDATION(S):

The Delivery and Performance Committee are ASSURED by the contents of this report.

Approval/Ratification/Decision[1]	**Discussion**	**Information**
×	×	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

Strategic Objectives:	1. Focus on Wellbeing	✓
	2. Provide Early Help and Support	×
	3. Tackle the Big Four	×
	4. Enable Joined up Care	×

	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	✓
	7. Put Digital First	×
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	×
	2. Safe Care	×
	3. Effective Care	×
	4. Dignified Care	×
	5. Timely Care	×
	6. Individual Care	×
	7. Staff and Resources	✓
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

Welsh Government require Health Boards in Wales to implement an Environmental Management System (EMS) accredited to the ISO 14001:2015 Environment Management System standard.

The Health Board have appointed SGS United Kingdom Ltd to undertake the annual re-certification for ISO 14001, which included a Surveillance audit in June 2023. Four major non-conformances were identified which must be closed out within 90 days before re-assessment by the auditor (minor non-conformances and recommendations have the full year for corrective action to be implemented). Failure to close the major non-conformances satisfactorily would lead to the removal of the certification.

The report provides details of the major non-conformances and a status update on the progress of the required remedial actions in readiness for the re-assessment on 22 September 2023.

DETAILED BACKGROUND AND ASSESSMENT:

To demonstrate effective environmental management, legal compliance and adherence to accepted governance frameworks, Welsh Government indicated that all Health Boards in Wales were to attain and maintain ISO14001 accreditation.

ISO 14001:2015 is an internationally recognised certification system for environmental management. Each NHS Health Board Wales holds current certification. The accreditation is an organisational certification, and not restricted to any one department. PTHB obtained ISO 14001 accreditation in 2019 and has successfully retained certification each year.

An Environmental Management System (EMS) consists of documented aims, objectives, and targets as well as policies and processes to meet legal and voluntary requirements. The EMS scope is defined as 'all activities, products and services directly controlled by Powys Teaching Health Board or those with which it has influence over within the physical boundaries of the nine hospital settings'.

ISO 14001 runs on a 3-year cycle; Year one - full audit of management systems with site audits compliance checks. Years two & three - subsequent annual recertification / Surveillance with sampling of data and sites.

During June this year the SGS auditor attended site for two days, focusing on Estates, Facilities and ICT.

The final report raised:

- 4 major non-conformities
- 6 minor non-conformities
- 41 recommendations

Major non-conformities are related to:

1. **Missing information or information not being available at the time of the audit inspection relating to waste consignment notes, refrigeration gas and boilers along with out of date Environment Policy and DEC certificate displayed at Bronllys** [corrective action: lead managers for these specialisms were not available at the time of audit and the records were not immediately accessible. The records will be available in full for the re-inspection at end September with system implemented to ensure shared access to information. Lockable display boards to be used on sites for required certificates].

2. **It was not always clear that all the processes were being fully audited e.g., compliance obligations & evaluation, objectives, management review, corrective action, document control, planned maintenance, waste management, communication, awareness & competency.** [corrective action: audit activity overview being collated to ensure broad visibility of activity, external partner EMS inspection by Powys County Council, audit gaps identified with actions allocated to activity leads].

3. **Air Conditioning & F-gas management: There were no records to confirm leak testing had taken place as part of a service of the air conditioning units at 3 sites sampled. There were no records for 2022 nor 2023 for the two sites sampled – Llanidloes and**

Machynlleth. [corrective action: link to item 1 with centrally accessible filing of records].

4. **It was not clear from the EMS that a full compliance evaluation has been carried out Evidence audit trails in this SGS audit for some basic compliance elements (e.g., clinical waste management and planned maintenance were challenging to obtain and compliance non-conformities have been raised in this audit).** [corrective action:

A major non-conformity is a major deficiency that seriously impairs the effectiveness of the EMS. Minor non-conformities raised in the previous year's audits must be closed out during the following year's audit, otherwise they are escalated as majors in the subsequent audit.

The majority of the non-conformities identified by the auditor are due to a lack of accessible systems to demonstrate legal and voluntary (ISO 14001) compliance, and not a breach of legislation. The auditor has issued PTHB with **Continued Certification to ISO 14001**, but is *conditional to satisfactory processing of non-conformities, where applicable*.

To address the audit non-conformities as well as many of the recommendations, a management action group has been set up with actions being attributed as required. Closure of the conformities are being tracked and provide confidence in closure of major non-conformities within the 90-day deadline.

Minor non-conformities and recommendations from the audit report are being actioned by the management group, with a new central tracking system created providing a document that will serve as the foundation for all statutory compliance proof for future audits and remove the reliance on individuals to link-in with audit evidence from their respective area. This will also remove the single point of failure risk from individual ownership and responsibility for providing supporting evidence to an audit.

NEXT STEPS:

- Maintain action plan activity response to track and address major non-conformities in readiness for ISO 14001 auditor reinspection 22 September 2023.

- Interim updates to be provided to Innovative Environments Group / Executive Committee as required.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age	√				
Disability	√				
Gender reassignment	√				
Pregnancy and maternity	√				
Race	√				
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language	√				

Risk Assessment:					
	Level of risk identified				
	None	Low	Moderate	High	Statement *A loss of an external certification which is required by WG would have high reputational risk and indicate a level of operational system risk*
Clinical	√				
Financial	√				
Corporate	√				
Operational		√			
Reputational				√	

Agenda item: 2.8

Delivery and Performance Committee	**Date of Meeting: 31 August 2023**
Subject :	**Information Governance Key Performance Metrics Report**
Approved and Presented by:	Director of Finance, Information and IT
Prepared by:	Head of Information Governance, Records and Data Protection Officer
Other Committees and meetings considered at:	Executive Committee 23 August 2023

PURPOSE:

The purpose of this paper is to provide assurance and to inform the Delivery and Performance Committee of the information governance compliance figures for the last six months.

RECOMMENDATION(S):

The Delivery and Performance Committee is asked to take ASSURANCE in relation to the compliance with information governance requirements over the past six months.

Approval/Ratification/Decision	**Discussion**	**Information**
✘	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
Strategic Objectives:	1. Focus on Wellbeing	×
	2. Provide Early Help and Support	×
	3. Tackle the Big Four	×
	4. Enable Joined up Care	×
	5. Develop Workforce Futures	×
	6. Promote Innovative Environments	×
	7. Put Digital First	×
	8. Transforming in Partnership	✓
Health and Care Standards:	1. Staying Healthy	×
	2. Safe Care	×
	3. Effective Care	×
	4. Dignified Care	×
	5. Timely Care	×
	6. Individual Care	×
	7. Staff and Resources	×
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

This paper has been developed to provide an assessment against key performance and compliance indicators for information governance (IG). The reporting period on this occasion covers Quarter 4 of 2022-23 and Quarter 1 of 2023-2024, so therefore from 1 January 2023 to 30 June 2023.

Below is a breakdown of performance, with the statistics provided in the detailed assessment section of the paper:

Access to Information Requests
Freedom of Information: A total of **220** requests were received (1 January 2023 to 30 June 2023). **32%** increase when compared to the same period in 2021 (**166** requests). Overall compliance of **87%** remains below the Information Commissioners target of 90%.
Longest breach was **43** days out of legislative 20-day deadline.

The main causes for breaches during this reporting period were:

- Delays caused by staff commitments to provide responses within the timeframe.
- Delays caused by the IG Team chasing services.
- Increased number of complex requests.
- Director delay in approving.
- Delay with Head of Service Quality Assurance approval.

The top 5 services with the most breaches are:

- Directors (final sign off)
- Womens & Childrens
- WOD
- Mental Health
- ICT

The IG Team continues to meet with Service leads to explore ways of improving and streamlining processes and tailored FOI training sessions are offered where needed. Internal IG processes have been updated to better support services.

Internal Reviews (FOIA): 3 received. **2** were responded to within the legislated timeframe and **1** delayed due to Executive sign off. All original responses were upheld with no further action taken by the requestors to date.

Requests for personal information (living and deceased): **387** requests received (**326** health board requests and **61** requests received by the health board's managed practice). Compliance against statutory deadlines increased by **2%** to **92%** which remains above the local compliance target of 90%. Comparatively, the total number of requests received this reporting period is an increase against the same reporting period for the previous year (**218**).

29 subject access requests were not responded to within the statutory one calendar month during the last 6 months. Reasons for delays / breaches are summarised below:

- Staffing issues within service areas resulted in the records not being supplied in time.
- Staffing issues within the IG team causing IG delays in processing the requests.
- Complex requests requiring extra resources which included requests for email searches.

97 disclosures were made to the NWSSP Medical Examiner (ME) Service during Q4 2022-23 and Q1 2023-24. **1** disclosure exceeded the 72-hour expected timeframe by 1 day.

Individuals Rights under UK Data Protection Legislation (UK GDPR & DPA 2018) - Requests for rectification, erasure, and restricting processing:

1 request for erasure was received and approved during the reporting period alongside an ongoing request for rectification that has since been completed.

News from the Information Commissioners Office (ICO): The ICO continue to issue reprimands to organisations for repeatedly failing to meet SAR deadlines. Recent reprimands have also been issued to organisations

where staff use Non-Corporate Communication (NCC) tools such as WhatsApp to share patient data.

In June 2023 the ICO acted against Croydon Council for failing to respond to FOI requests. An enforcement notice was issued. The potential consequences of failure to comply would be the Commissioner providing written certification to the High Court and the Council may be dealt with as if it had committed a contempt of court.

IG Training:
As of 30 June 2023, overall compliance rate with the IG E-Learning mandatory training was at **86.53%** which is a **3% decrease** from Q3 2022-23, however still in line with the national target of 80%**.** During Quarter 4 2022/23, IG undertook a target email exercise to remind non-compliant staff to complete this training to help improve compliance rates further and the results of this will be reviewed in readiness for the next paper. National comparable figures were not available for this reporting period.

New Starters: Welsh Government requires that all mandatory training is undertaken within 6 weeks of commencing employment and figures show that during this reporting period **75.49%** (**154** out of a total of **204** new members of staff) did not complete their IG Training within the required 6-week period. Should there be an incident the Information Commissioner's Office will not look favourably that staff have not undertaken this training. The wider Directorate are exploring avenues to raise awareness and IG will be involved in this work.

The IG team continues to offer tailored training sessions upon request by services. **2** training sessions were requested and provided to the Silver Cloud Psychology team, and newly recruited nurses.

Datix Incidents (Breach Reporting): During this reporting period **66** Information Governance incidents have been reported. **26** of the **66** incidents were not reported on Datix within 72 hours, this was due to service delays in reporting. None of these were deemed a significant breach and were not reported to the ICO.

The incidents for this period have been reviewed with the top 3 themes identified below:
- Records Management - Missing records/documentation – **4** incidents
- IG - Unintended recipient external (letter, email) – **17** incidents
- IT - No access to internet/server issues – **5** incidents

Clear themes have been highlighted and actions will be undertaken accordingly to improve service awareness:

- Updates made to the IG Intranet pages

- Raise awareness via IG Alerts, and digital webinars which has included themes identified.
- Training sessions which include key learning and particular incidents used as evidence to show good and bad practice.
- The team also contact services directly to remind them of their responsibilities in terms of policies and procedures.

Complaints & Learning:
1 complaint has been received against the Information Governance Team and compliance with data protection legislation. Necessary actions have been taken to resolve matters and an update on status will be provided within the next reporting period.

The National Intelligent Integrated Audit Solution (NIIAS) – National Intelligent Integrated Audit System (NIIAS) is a national tool procured by NHS Wales to detect potential misuse of national information systems. It highlights instances when employees may have abused their access rights to view personal information that they may not be entitled to. The purpose of the tool is to assist the organisation in complying with its Data Protection responsibilities. This gives the public and its partners more confidence in the Health Board's ability to ensure confidentiality and privacy of their personal data.

The IG Team runs the NIIAS report weekly, notifications are investigated, and respective line managers and the Workforce & OD Team are engaged in the process when necessary

14 notifications were reported, which is lower than quarter 3 2022/23 (**24**). This decline is due to technical issues where data linkages with staff identifiers had failed. This meant that no notifications were generated**,** and the Health Board was unable to monitor inappropriate access. The issue was escalated to the Medical Director (Caldicott Guardian) for awareness and to DHCW for resolving. This issue has since been resolved with work undertaken by IG to retrospectively run the audits covering this timeframe.

0 notifications were deemed reportable to the ICO following investigation.

The IG team will continue to provide reminders to staff on the NIIAS process in IG Alerts and other digital methods.

Information Sharing Agreements:

Many organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales have signed up to the Wales Accord on the Sharing of Personal Information (WASPI). WASPI is tool to support the sharing of information between these organisations effectively and lawfully, whether that is the network providing support and good practice guidance, or the collective development and use of template

documents such as an Information Sharing Protocol (ISP) agreement. Although the development of ISPs is not mandatory, it is promoted across Wales as good practice and is endorsed by the ICO. It underpins the WASPI framework and supports the regular, reciprocal sharing of personal information between organisations.

During this reporting period, **13** Information Sharing Protocols(ISP)/Data Disclosure Agreements (DDA), **3** Information Sharing Agreements (other) and **4** Memorandums of Understanding (MOUs) have been reviewed or are currently being supported by the IG team. Please see the breakdown of these below:

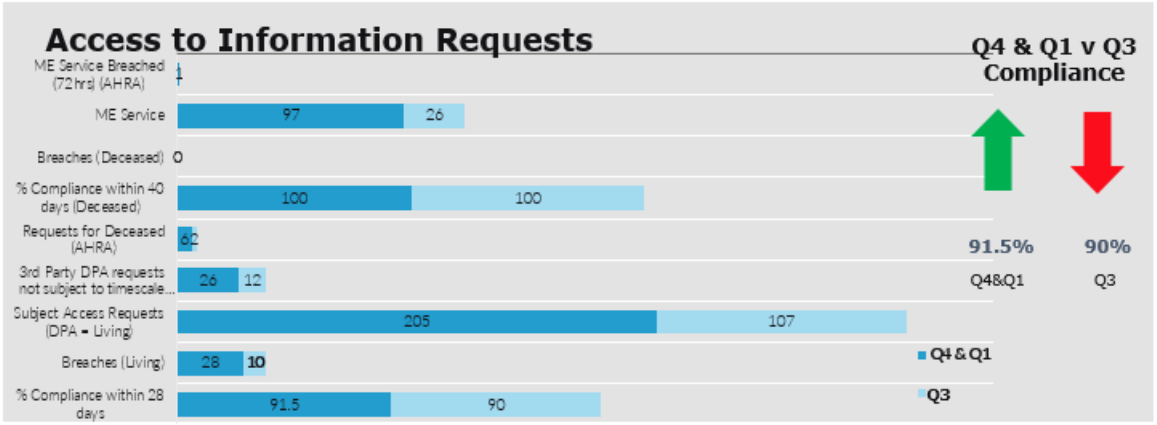
ISP – National All Wales Diabetes Prevention Programme (AWDPP);
ISP – MARAC Domestic Abuse Dyfed Powys Police;
ISP – PTHB & PCC Adult Services, Education, Children's Services and Health;
ISP – Missing Children Review;
ISP – Carmarthenshire Additional Learning Needs Act;
ISP - South Wales Spinal Network;
ISP – HDUHB Reducing Fatal & Non Fatal Drug Poisoning;
ISP – South Wales Police Reducing Fatal & Non Fatal Drug Poisoning;
ISP – PTHB, Police & Probation Information Sharing;
ISP – Powys Living Well Service & Mid and West Wales Fire and Rescue Service Community Safety Referral;
DDA – Health Boards and Public Health Wales Child Death Review Programme (Safeguarding);
DDA – Powys Living Well Service Information Sharing with Accessibility Powys;
DDA – Wales Violence Prevention Unit Data;
ISA – British pregnancy Advisory Service and PTHB Sexual Health Team;
ISA – PTHB and PCC Agreement to support the provision of Subject Access Requests;
ISA – Powys Living Well Service & Welsh National Opera;
MOU – PTHB, WAST and PCC for Value Based Health Care (BVHC) Multi-Agency Falls Project;
MOU – Serious Violence Statutory Duty, information sharing with the Home Office;
MOU – PAVO for supply of volunteers for COVID 19 post COVID 19;
MOU – PTHB, PCC & PAVO sharing workforce data.

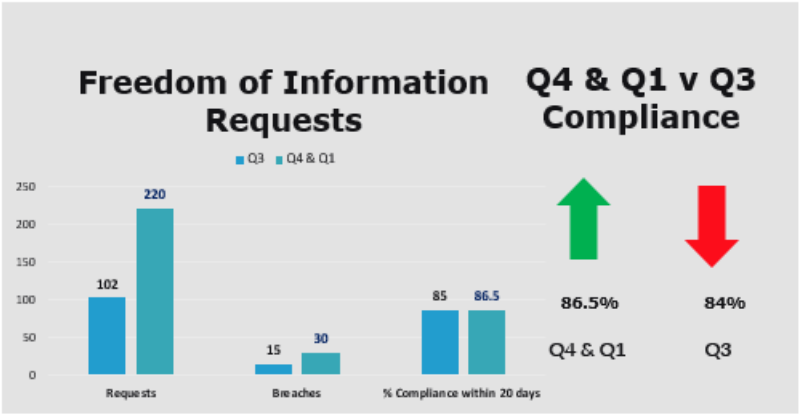
Work continues with directorates to map their data flows and highlight further data sharing agreements required. However, the Team are still experiencing issues where services are sharing information and not engaging with the team beforehand. This issue forms part of a risk on the Digital Directorate Risk register around general compliance with the requirements of UK GDPR. In order to mitigate this risk and improve awareness the IG team continues to provide reminders to staff on the importance of engaging with the IG Team prior to any information sharing taking place in IG Alerts, day to day meetings and other digital methods.

Information Governance Toolkit update:

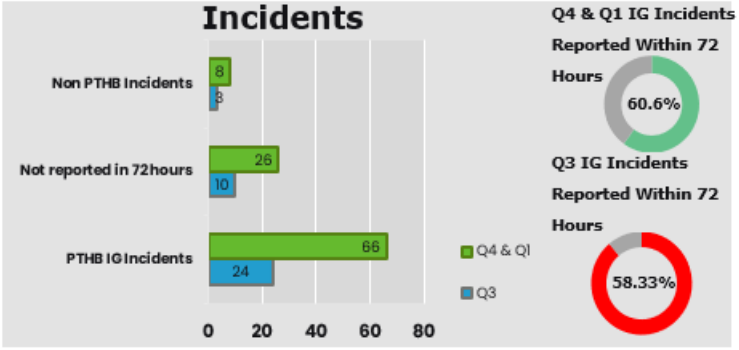
The IG Manager and Document & Records Manager completed evidence gathering for the annual NHS Wales IG Toolkit for Health Boards and Trusts, with the final submission made on 1 May 2023. PTHB IG have liaised with our hosted organisation Health and Care Research Wales (HCRW) to support their submission. The deadline for this year's submission was 30 June 2023. The results and an improvement plan for 2023/2024 will be made available to this Committee in the next reporting paper.

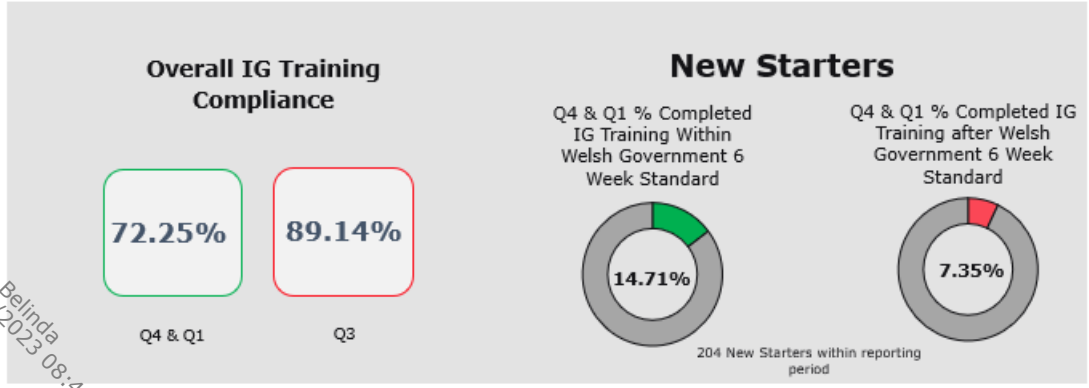
DASHBOARD – INFORMATION GOVERNANCE PERFORMANCE

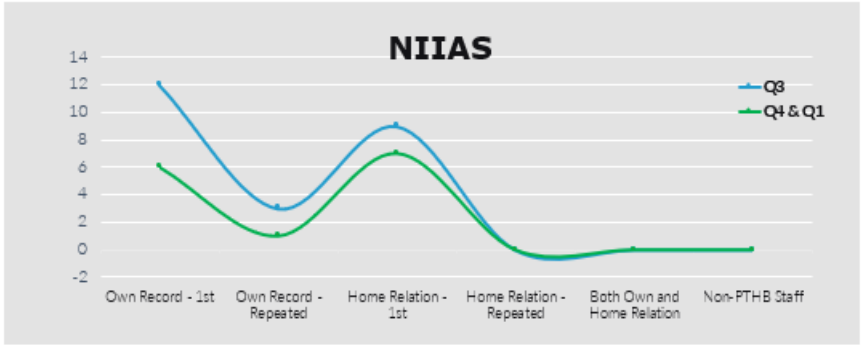




IG Dashboard







DETAILED ASSESSMENT:

Access to Information Requests: Freedom of Information (FOI) and Environmental Information Regulation (EIR) Requests

FOI	Q3 2022-2023	Q4 2022-2023	Q1 2023-2024
	Total	**Total**	**Total**
No of Requests	102	113	107
No. of Breaches	15	18	12
% Compliance	**85%**	**84%**	**89%**

Requests received during this period have been received from a number of sources, these are shown in the table below:

Requester Type	Q3 2022- 2023	Q4 2022-2023	Q1 2023-2024	Q4 2023/23 & Q1 2023/24 Total
Company	21	12	14	**26**
Organisation	7	14	17	**31**
Individual	41	52	61	**113**
Media	18	19	8	**27**
AM or PM Support	12	8	5	**13**
Charity	2	7	2	**9**
Other	1	1	0	**1**
Welsh Gov	0	0	0	**0**
TOTAL	**102**	**113**	**107**	**220**

Environmental Information Regulations (EIR) Requests - There were **0** requests during this period.

Subject Access requests
Health board compliance for the period 1 January 2023 to 30 June 2023 is shown below alongside Q3 2022/23 for comparison:

Type of request by legislation and timeframe	Q3 2022-23 Received	Q3 2022-23 Breached	Q4 2022- 23 Received	Q4 2022-23 Breached	Q1 2023-24 Received	Q1 2023-24 Breached
Subject Access Requests (UK GDPR / DPA 2018 - 1 calendar month)	107	10	103	17	102	11
Requests for Erasure/ Rectification (UK GDPR/DPA 2018 – 1 calendar month)	1	0	1	0	0	0
Requests for Deceased (AHRA- 40 days)	2	0	5	0	1	0
Medical Examiner Service (72hrs) (AHRA)	26	0	50	1	47	0
3rd party requests not subject to timescale e.g. Police (DPA 2018)	12	N/A	17	N/A	9	N/A
Total Requests Received and Total number of Breaches	**148**	**10**	**176**	**18**	**159**	**11**
% Compliance within all legislated timeframes	**90%**		**90%**		**93%**	

IG Training - compliance by directorate:

Directorate	Q4 2022/23 & Q1 2023/24 Assignment Count	Q4 2022/23 & Q1 2023/24 Required	Q4 2022/23 & Q1 2023/24 Achieved	Q4 2022/23 & Q1 2023/24 Compliance %
Chief Executive Office	**27**	**27**	**20**	**74.07%**
Community Care & Therapies	**975**	**975**	**851**	**87.28%**
Community Dental Service	**65**	**65**	**60**	**92.31%**
Corporate Governance	**8**	**8**	**6**	**75.00%**
COVID 19 Prevention and Response	**<5**	**<5**	**<5**	**N/A**
Environment	**259**	**259**	**209**	**80.69%**
FID Finance	**90**	**90**	**81**	**90.00%**
HCRW	**79**	**79**	**62**	**78.48%**
MED Medical	**14**	**14**	**10**	**71.43%**
MHD Mental Health	**433**	**433**	**369**	**85.22%**
Medicines Management	**34**	**34**	**31**	**91.18%**
NUD Nursing	**38**	**38**	**35**	**92.11%**
PHD Public Health	**94**	**94**	**89**	**94.68%**
PLD Planning	**33**	**33**	**31**	**93.94%**
Primary Care	**35**	**35**	**27**	**77.14%**
Therapies & Health Sciences	**22**	**22**	**20**	**90.91%**
WOD Directorate	**56**	**56**	**48**	**85.71%**
Women and Children	**230**	**230**	**207**	**90.00%**
Grand Total	**2494**	**2494**	**2158**	**86.53%**

New Starters

Completed	Q4 2022/23 & Q1 2023/24 % Compliance	Q4 2022/23 & Q1 2023/24 Headcount
Not Completed	68.14%	139
Completed prior to joining	9.80%	20
Completed within 6 weeks	14.71%	30
Completed after 6 weeks	7.35%	15

Datix Incidents (Breach Reporting) - breakdown of the number of incidents compared with Q3 2022-23:

	Q3 22/23	Q4 2022/23 & Q1 2023/24
Number of PTHB IG Incidents reported	24	66
Number of IG incidents NOT reported within 72 hrs (including non PTHB incidents)	10	26
Non PTHB incidents	3	8

Full breakdown of the themes of reported incidents for Quarter 4 2022/2023 and Quarter 1 2023/2024:

Incident type	Incident detail (theme)	No.	Total
IG	Unintended recipient internal (letter, email)	2	**28**
	Unintended recipient external (letter, email)	17	
	Health Board data (containing Patient data) sent from personal email address	1	
	Lost in post	2	
	Inappropriate disclosure (Microsoft Teams) external	1	
	Unintended recipient internal (printer)	1	

	Breach of sensitive data	3	
	Breach of business sensitive data	1	
Records Management	Wrong attachment /data (containing patient data) sent to internal recipient	2	**18**
	Wrong attachment/data (containing patient data) sent to external recipient	2	
	Lack of availability of information for clinical care	3	
	Missing records/documentation	4	
	Patient record misfiled	2	
	Records sent to wrong recipient (external)	1	
	Wrong information recorded	1	
	Records incorrectly merged	1	
	Incorrect/inappropriate storage of documents	2	
IT/System Security or Function issue	Inappropriate use of system	2	**16**
	Inappropriate disclosure MS Teams	1	
	Disclosure of password	1	
	Missing mobile	1	
	Missing laptop	2	
	No access to internet/server issues	5	
	System not functioning as expected	4	
Physical Security	Insecure Premises	3	**3**
Telecommunications	Unable to use mobile device/health board phone	1	**1**
Total No. PTHB Incidents			**66**
	Inappropriate behaviour by member of public	4	
	Unintended recipient external (letter, email)	1	
	Lack of availability of information for clinical care	2	
	Non-PTHB – Records Management -Wrong attachment/data (containing patient data) sent to external recipient	1	

Total non-PTHB incidents			**8**

The National Intelligent Integrated Audit Solution (NIIAS)

National Intelligent Integrated Audit System (NIIAS) is a national tool to detect potential misuse of national clinical systems. Powys Teaching Health Board report on the number of staff who have potentially accessed their own record, or that of a family member (home relation). The table below shows a breakdown of the notifications received:

Month	Q3 2022/23 Total	Q4 2022/23	Q1 2023/24	Q4 2022/23 & Q1 2023/24 Total
Own Record - 1st offence	12	0	6	6
Own Record - repeated	3	0	1	1
Home Relations (Family) Record - 1st offence	9	0	7	7
Home Relations (Family) Record - repeated	0	0	0	0
Both home relations and own record accessed	0	0	0	0
Notification for Non-PTHB member of staff	0	0	0	0
Total	**24**	**0**	**14**	**14**

NEXT STEPS:

Continued assurance reports will be submitted to the Delivery and Performance Committee.

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** ***Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken***
Age	x				
Disability	x				
Gender reassignment	x				
Pregnancy and maternity	x				
Race	x				
Religion/ Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and civil partnership	x				
Welsh Language	x				
Risk Assessment:					
	Level of risk identified				**Statement** ***Please provide supporting narrative for any risks identified that may occur if a decision is taken***
	None	**Low**	**Moderate**	**High**	
Clinical					
Financial					
Corporate					
Operational					
Reputational					

Powys Teaching Health Board

Capital, Estates and Property Department

RAAC REPORT

GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

RAAC REPORT: June 2023, Innovative Environments Group

Correspondence from NWSSP-SES, Stuart Douglas, Director:

I have been directed to write to you personally on the above matter by Ian Gunney (Deputy Director of WG, Capital, Estates and Facilities).

Following receipt of responses from organisations in NHS Wales to SESN 22/02 we have reviewed each submission with our appointed specialists (Curtins Structural engineers) and concluded that a further iteration of investigation is urgently required to provide health organisations and Welsh Government with a Board level assurance that this matter is fully understood and that appropriate measures are in place to manage the issue in the short and longer term.

We note that investigations have been completed by the health board, but given the complexity of the issue and potential risks involved, we are now asking NHS Wales organisations to gain the assurance of having received advice from recognised specialists in the field of RAAC.

RAAC REPORT: June 2023, Innovative Environments Group

Referring to the attached Curtins report, we would ask for your organisation to provide the following by no later than 31 May 2023:

1. **Updated Desk Top Review**

1. Appoint a Structural engineer from the list of accredited advisors published by the Institution of Structural engineers to oversee and sign off the desk top review as having been completed in accordance with the SCOSS Alert dated 2019 (Reinforced Autoclaved Aerated Concrete planks – The Institution of Structural Engineers (istructe.org)
2. Ensure that the review is updated to include any property from which your organisation commissioned services are provided from (Secondary, Primary / Community, owned, leased, licensed, PFI or other). Property which you lease to other health organisations should be included, and results of your analysis should be shared with them.
3. Ensure that properties and / or extensions constructed within the period 1960-1995 are identified for examination of building records and visual inspection. For the avoidance of doubt, each property identified must have a completed appraisal to determine RAAC presence
4. Ensure that the appraisal checks for the presence of RAAC in roofs, floors, cladding or walls
5. Ensure that for properties where pitched roofs exist without knowledge of the building history, a visual inspection should be undertaken to ensure that historical concrete roofs have not been overlain with a pitched form of construction
6. A summary of findings is to be provided in excel tabulated format showing the route followed to determination of the presence of RAAC
7. For buildings (or extensions) identified as being constructed within the target age range of 1960-1995, a Risk Assessment Form is required to be completed, and signed off by the specialist structural engineer

RAAC REPORT: June 2023, Innovative Environments Group

2. Surveys and Risk Management Plans

1. Appoint a Structural Engineer from the list of accredited advisors (as above) to complete detailed surveys of any buildings identified as containing RAAC and for the surveys to include specific advice on:

- Requirements for intervention (stating period for implementation)
- Requirements for future monitoring and inspection
- Projections on the potential lifespan of the RAAC (i.e. how long the RAAC may reasonably be expected to last)

1. Provide a copy of the corporate risk log showing how the health organisation is manging the presence of RAAC
2. Provide health and safety policies which have been developed to manage the presence of RAAC (specific to each location)

Submissions are to be lodged by a Board Level Director and addressed to Ian Gunney (copied) with copies to myself and our Head of Estate Development Ray Selby (also copied). The enclosing letter or email is to confirm that:

a) the requested actions in this email have been completed
b) the recommendations contained in the Curtins report have been complied with in full
c) the Board has NOTED the findings of the surveys and APPROVED the proposed Risk Assessments and Action plans (Board Meeting minute to be included)

RAAC REPORT: June 2023, Innovative Environments Group

Rider Levett Bucknall (RLB), Building Surveyors, were commissioned by Powys Teaching Health Board to assess the risk of their buildings containing and being at risk of failure of **Reinforced Autoclaved Aerated Concrete** (RAAC).

This assessment includes a **desktop review of all freehold and leasehold premises** (42no.) with information on building ages and building types provided by PTHB and further research by RLB where missing information.

Those that could not be discounted due to age or construction type or information from PTHB were surveyed by RLB on 23rd and 24th of May, a summary of each survey is provided below (*RAAC Assessment Report*).

RLB confirm we **do not believe there to be any high risk RAAC constructed floor/roof decks on PTHBs estate.**

Delivery and Performance Committee 2023-24

Theme	Item Title	Item Required	Duration (mins)	Role of Committee	Reason / Rationale	Onward Journey to Board (Y/N)	Exec Lead	Route to Committee	Route Date	May 02/05/2023	Route to Committee	Route Date	June 27/06/2023	Route to Committee	Route Date	Agenda reduced - items due to be reviewed August 31/08/2023	Route to Committee	Route Date	October 17/10/2023	Route to Committee	Route Date	December 19/12/2023	Route to Committee	Route Date	February 29/02/2024
Governance	Minutes of previous meeting	Y		Approval		No	DCG	Chair		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔
Governance	Declaration of Interests			Compliance		No	DCG	DCG		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔
Governance	Action Log			Approval		No	DCG	DCG		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔
Governance	Committee Risk Register		10	Assurance		No	DCG	DCG		✔	Executive Lead		✔	Executive Lead		■	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔
Governance	Annual Work Programme		15	Recommendation to Board		Yes	DCG	Chair / Exec Leads		✔															
Governance	Work Programme (updated through year)		5	Review		No	DCG	DCG			Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔	Executive Lead		✔
Governance	Annual Assessment of Committee Effectiveness		25	Review		Yes	DCG	DCG/Chair								■									
Governance	Committee Annual Report		10	Recommendation to Board		Yes	DCG	DCG			Executive Lead												Executive Lead		✔
Governance	Review of Terms of Reference		10	Recommendation to Board		Yes	DCG				Executive Lead									Executive Lead		✔			
Performance	Integrated Performance Report		25	Assurance		Yes	DP&C	Executive Committee/F&P		✔	Executive Committee/F&P		✔	F&P	09-Aug-23	✔	Executive Committee	04-Oct-23	✔	Executive Committee/F&P	15-Nov-23	✔	Executive Committee/F&P	07-Feb-24	✔
Finance	Finance Report		10	Assurance		Yes	DFIT	Executive Committee/F&P		✔	Executive Committee/F&P		✔	F&P	09-Aug-23	✔	Executive Committee	04-Oct-23	✔	Executive Committee/F&P	15-Nov-23	✔	Executive Committee/F&P	07-Feb-24	✔
Finance	Finance Savings Report		5	Assurance		Yes	DFIT	Executive Committee/F&P			Executive Committee/F&P		✔				Executive Committee	04-Oct-23	✔					07-Feb-24	✔
Finance	Financial Sustainability In Committee		15	Assurance		Yes	DFIT	F&P		✔	F&P		✔	F&P	09-Aug-23	✔	Executive Committee	04-Oct-23	✔	F&P	15-Nov-23	✔	F&P	07-Feb-24	✔
Finance	Six monthly report on Continuing Heath Care costs		15	Assurance		No	DFIT	F&P			F&P	09-Aug-23	✔										F&P	07-Feb-24	✔
Annual Reporting	Draft Performance Report (invite ARAC)		30	Assurance		Yes	DP&C	Executive Committee		■															
Health & Safety and Fire Safety	Compliance with regulations and Standards		10	Assurance		No	DOTH	Executive Committee															Executive Committee	07-Feb-24	✔
Health & Safety and Fire Safety	Health and Safety Assurance Update		30	Assurance		Yes	DOTH	Executive Committee			Executive Committee			Executive Committee	09-Aug-23	✔									
Health & Safety and Fire Safety	Health and Safety Annual Report			Assurance		YES	DOTH	Executive Committee															Executive Committee	07-Feb-24	✔
Information Governance	Annual Report		10	Assurance		No	DFIT	Executive Committee		✔	Executive Committee														
Information Governance	Monitoring Report		15	Assurance		No	DFIT	Exec Lead			Executive Lead			Executive Committee	23-Aug-23	✔				Executive Lead		✔			
Information Governance	IG Toolkit (National Audit replaces Caldicott Principles)		10	Assurance		No	DFIT	Exec Lead			Executive Lead									Executive Lead		✔			
Records Management	Records Management Improvement Plan (Escalted issue)		15	Assurance		No	DFIT	Executive Committee		✔	Executive Lead									Executive Lead		✔			
Records Management	Records Management Update		15	Assurance		No	DFIT	Executive Committee												Executive Committee	15-Nov-23	✔			
Innovative Environments	Capital Programme Delivery		10	Assurance		No	AD Estates	Executive Committee/IEG												IEG	05-Dec-23	✔			
Innovative Environments	Capital and Estates Compliance Report		10	Assurance		No	AD Estates	Executive Committee/IEG			IEG												IEG	13-Feb-24	✔
Innovative Environments	Capital and Estates Strategy		10	Assurance		Yes	AD Estates	Executive Committee			Executive Committee						Executive Committee	04-Oct-23	✔						
Innovative Environments	Capital Pipeline Overview		15	Assurance		No	AD Estates	IEG			IEG			IEG	15-Aug-23	■									
Innovative Environments	Capital Procedures re authorisation of capital payments			Assurance		Yes	AD Estates	IEG									IEG	10/10/2023	✔						
Primary Care	GMS		20	Assurance		No	DFIT	Executive Committee			Executive Committee												Executive Committee	07-Feb-24	✔
Primary Care	QOF		20	Assurance		No	DFIT	Executive Committee			Executive Committee									Executive Committee	15-Nov-23	✔			
Primary Care	Out of Hours		20	Assurance		No	DFIT	Executive Committee			Executive Committee			Executive Committee	09-Aug-23	■									
Primary Care	Community Pharmacy		20	Assurance		No	DFIT/MD	Executive Committee			Executive Committee									Executive Committee	15-Nov-23	✔			
Digital First	Annual Plan		20	Assurance		No	DFIT	Executive Committee		✔	Executive Committee														
Digital First	Monitoring Report		15	Assurance		No	DFIT	Exec Lead			Executive Lead									Executive Lead		✔			
Digital First	IT Infrastructure and Asset Management (update against audit report and progress)		15	Assurance		No	DFIT	Executive Committee			Executive Committee	14/06/2023	✔	Executive Committee	09-Aug-23	■	Executive Committee	04-Oct-23	✔	Executive Committee	15-Nov-23	✔			
Renewal Portfolio Highlight Reports/ASM	Renewal Portfolio Closure Report		20	Assurance		No	DOTH	Executive Committee			Executive Committee	15/06/2023	✔												
Accelerated Sustainable Model (ASM)				Assurance		Yes																			
Audit Rec Monitoring	Cyber security - In Committee		15	Assurance		No	DFIT	Executive Committee		✔	Executive Committee		✔	Executive Committee	09-Aug-23	■				Executive Committee	15-Nov-23	✔	Executive Committee	07-Feb-24	✔
Escalated Issue	Variable Pay		15	Assurance		No	DFIT							Executive Committee	23-Aug-23	✔									
requested items	IPC - data assurance lessons learned (via HB)		10	Assurance		No	DoN				Executive Lead					■									
	ISO 14001 Report		10	Assurance		No	AD Estates				Executive Lead					✔									
	Digital Strategic Framework			Assurance		No	DFIT	Executive Committee														✔			